

LEICESTERSHIRE
together

change
4 life

LEICESTERSHIRE'S STAYING HEALTHY STRATEGY 2010-2013



MAKING LEICESTERSHIRE THE
HEALTHIEST PLACE TO LIVE IN THE UK

OUR VISION

It is clear that the major causes of premature mortality and health inequalities are linked to cardiovascular diseases, cancer and respiratory disease. Therefore the Primary Care Trust and its partners need to focus action to address the factors that contribute to these diseases; and influence them through targeted interventions.

Reducing the levels of overweight and obesity in the population, tackling smoking and tobacco control, and encouraging sensible drinking, are all factors that will contribute to reducing the burden of disease in the population and improve life expectancy and healthy life expectancy.

Leicestershire's Joint Strategic Need Assessment, September 2009

The way we live our lives has changed.

Take for example, how we eat and the amount we do in a day. We are stationary more of the time – whether at our desks, in our cars or on our sofas. Whether this is down to technology or the location of workplaces and services, the amount we do on a daily basis has been reduced.

Similarly, pre-prepared food has become cheaper and more widely accessible. There is a perception that healthy food costs more money and takes more time to prepare.

We are eating more and doing less. So, we are putting on weight and this poses significant risks to our health. A poor diet and a lack of physical activity also contribute to increased levels of stress, anxiety and depression and to old people falling in their homes.

Equally smoking and excessive drinking remain significant, avoidable risks to our health, particularly heart disease and cancers. Too many people, especially young adults, are having unprotected sex leading to an increase in sexually transmitted diseases and unplanned pregnancies.

Behind each of these problems are choices we all make on a daily basis.

However, it's not just these choices around how we live our life that determines how healthy we are - where we live our life is also fundamental, and it shouldn't be. We are more likely to become obese, die younger, and become pregnant when you're a teenager, or become depressed if we live in relatively poor neighbourhood.

It should not be forgotten that relatively speaking Leicestershire is a healthy place; on average, we live longer than most other areas and we are in a good position to become the healthiest place in England to live – the ultimate ambition of the NHS in the county.

We are living longer – life expectancy continues to rise in general but in specific areas, this is not the case. National trends point to an obesity epidemic, our population is aging and there is an increasing gap in the health of the poor and the well-off. Leicestershire's relative good health does not translate into immunity from these trends.

Leicestershire Together – a partnership of the county's public, private, and voluntary sectors – are working toward changing these trends. Over the next few years we want people in Leicestershire to enjoy better health and reduce the gap between those with the best and worst health outcomes.

This plan sets out how, between now and 2013, we aim to achieve this ambition.

Dr Peter Marks

*Director of Public Health, NHS Leicestershire County and Rutland
Chair of Leicestershire Together's Health and Wellbeing Partnership*

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EXECUTIVE SUMMARY

Our aim

To encourage, empower, and provide an environment in Leicestershire which helps all people to live healthier, happier, and longer lives.

We tend to take our health for granted, until we lose it.

The key aim of this strategy is to change that mindset; so that we don't take our health for granted and in doing so, we become more aware that the daily choices we all make are the means by which we stay healthy. At the same time, Leicestershire Together is committed to providing opportunities and removing barriers, so that everyone can reach their full health potential.

Serious illnesses - such as heart disease, strokes, diabetes, lung disease and many cancers, are potentially avoidable through the choices we make around what we eat, the amount of physical activity we take, the amount of alcohol we drink, or whether we smoke or not. Our mental and sexual health can also be affected by the choices we make.

These choices need to be well-informed, and we need to make the healthy choices the easy choices. There is a clear link between where we live, our income and our health. If healthy food is not available locally, we're less likely to eat it. If parks are too far away, we are less likely to use them, and if cycling is perceived as too dangerous, we will remain inactive.

Unfair differences, or inequalities, in health are unacceptable. They start early in life and persist not only into old age but into subsequent generations. In addition to income, inequalities exist that are related to gender, ethnicity, sexuality and educational attainment. Tackling health inequalities is therefore a top priority for the NHS and the Health and Well Being Partnership. We will work with groups and communities who have poorer health experiences.

We aim to make everyone in Leicestershire better informed, and to give people as wide and as relevant a choice as possible in changing how they live their lives. To do this we will:

- **encourage** everyone to make the healthy choices,
- **empower** everyone to exercise that choice, and
- provide the **environment** and facilities to execute that choice.

Succeeding will help prevention and more early intervention; enabling people to remain as healthy and independent for long as possible, and reducing the demand on our health and social care services.

This will enable us to develop a more integrated approach, to ensure that a range of community based services are available - leading to less people needing acute care and losing their independence. Enhancing our approach to prevention and early intervention is a key part in improving outcomes, developing more personalised health and social care services, and ensuring the effective use of resources in the future.

Priority Target

In 2006/07, the rate stood of premature deaths from circulatory and vascular diseases stood at 67 people in every 100,000. By 2010/11, we want this rate to have dropped to 55 per 100,000 people.

Progress	Base (06/07)	08/09	09/10	10/11
	67.1 per 100k	59 per 100k	57 per 100k	55 per 100k

TACKLING HEALTH INEQUALITIES

Most health inequalities are unacceptable and are a challenge to every service provider in Leicestershire.

A boy born in North West Leicestershire can expect to live for 2.2 years less than a boy born in Blaby. The gap in life expectancy in girls (for the same districts) is 1.9 years. We now have a better understanding of what and where health inequalities exist and what we need to do to develop interventions to tackle them.

The key to reducing inequalities across Leicestershire is tackling the causes of circulatory and vascular diseases (including heart disease, diabetes and chronic kidney disease). These diseases have a common set of risk factors: poor diet, obesity, lack of physical activity, high blood pressure, and smoking. These risks are linked to social and economic circumstances, a person's ethnicity, age, or gender, or to people that are disadvantaged by an existing condition or circumstances.

We are supporting projects that tackle these risks among people and communities who are most likely to suffer from them. Although the success of these projects have their own measures by which progress can be measured, the success of our overall approach in tackling health inequalities can ultimately be measured by the amount of premature deaths (deaths before the age of 75) that are due to circulatory and vascular diseases.

Priority Target					
Among males there is currently a 6.5 year gap in life expectancy between the 10% most deprived men in the country and the 10% most affluent. By 2011, we are aiming to reduce this gap to 5.4 years. Among women this gap has increased recently - our aim is to slow the rate of increase so that by 2011 the gap will be 4.6 years.					
Progress	Base 04-08	05-09	06-10	07-11	08-12
Men	5.6	5.5	5.5	5.4	5.4
Progress	Base 04-08	05-09	06-10	07-11	08-12
Women	4.8	4.8	4.7	4.7	4.6

HEALTHY EATING

Severely obese people who are likely to die on average 11 years earlier. Unfortunately, a lot more people could die before they are 75 between now and 2050 as levels of obesity in the UK are increasing rapidly; in 2015, 36% of men and 28% of women in England will be obese and by 2050 this could rise to 60% of all men and half of all women.

Treating obesity costs the NHS in the county an estimated £28 million and 350 deaths every year in Leicestershire can be attributed to obesity. Tackling obesity requires more people to eat healthily, and increased levels of physical activity.

We want families to make healthy food choices, so that ultimately children develop good eating habits early. A healthy, balanced diet is the sustainable means by which we stay healthy for longer. Therefore the priority for the work of the Health and Wellbeing Partnership is to target children and families with a particular focus on younger children.

By 2011, we have committed ourselves to bringing to a halt the rising trend in obesity in young people. We will employ an additional nutritionist and two community food workers to promote eating for health and to work with the already successful Healthy Schools Programme to target younger children through a Healthy Tots programme. Across both programmes we will promote and encourage breastfeeding, teach children about balanced diets, encouraging both children and families to eat healthily.

Priority Target				
By 2011, we want to have halted the rising trend of obesity in 10-11 year olds in the county on our way to reducing the overall level of obesity in children and adults.				
Progress	Base (06/07)	08/09	09/10	10/11
	14.7%	14.9%	14.9%	14.8%

BEING MORE PHYSICALLY ACTIVE

Being physically active has many benefits. We live longer with a better quality of life and we tend to be happier. For the elderly, we are less likely to fall. Leicestershire Together is committed to getting more people doing more physical activity.

To do so, we are supporting projects which extend the provision of physical activity in and outside school time for young people. We will extend the provision of generic P.E. in the school timetable which will link more closely to the specialist activity provision that takes place outside school.

We aim to offer a wider, more bespoke choice for physical activity for adults through an extended Active Together Programme. A referral scheme for those whose health will most significantly benefit from such an approach is being developed.

Between now and 2011, people 16 and under, and 60 and over in Leicester Leicestershire and Rutland can enjoy free swimming at over 40 pools.

Priority Targets				
In 2005, 22.7% of adults in Leicestershire took part in half an hour's worth of moderate physical activity at least three times a week. By 2011, we want this figure to rise to 26.7%.				
Progress	Base (05/06)	08/09	09/10	10/11
	22.7%	24.6%	25.8%	26.7%
We want to increase the amount of children who participate in at least two hours of physical activity a week from 70% to 80%.				
Progress	Base (07/08)	08/09	09/10	10/11
	70%	70%	75%	80%

STOPPING SMOKING

Smoking remains the single greatest cause of preventable deaths in the UK - killing 87,000 people a year. If we smoke, it is likely that we will die up to 16 years younger than a non-smoker. Smokers carry a far greater risk of cancer, heart disease, and respiratory disease. It costs the NHS in Leicestershire over £63 million every year to treat smoking related diseases.

Smoking is also an important link in the chain that ties income to ill health, with more affluent people less likely to smoke.

We are committed to a five year, co-ordinated approach; linking promotion, education, counselling services, reducing underage tobacco sales, and the sale of smuggled tobacco.

This approach will target pregnant women, young families, school children and priority neighbourhoods in providing access to quality services to help people quit. In conjunction with this approach, we will work to limit the supply of tobacco to under 16's via shops, and to all, via the black market in imported, untaxed tobacco.

Priority Target				
Currently, we estimate that during 2004-07 about 4300 people quit smoking in Leicestershire annually with the support of NHS Stop Smoking Services. Between 2008 and 2011 we want this annual figure to reach 5000.				
Progress	Base (06/07)	08/09	09/10	10/11
	4300	5000	5000	5000

DRINKING SENSIBLY

Excessive drinking places a huge burden on the NHS, families, communities, local councils, the police, and the wider criminal justice system. It is linked to a range of health issues such as high blood pressure, mental ill-health, accidental injury, liver disease, sexually transmitted diseases and breast cancer. People drinking too much alcohol can lead to violence in the street and at home, breaking up families and rendering town centres no-go areas for many people.

It costs the NHS £32 million a year to treat alcohol related diseases – this is only a fraction of the estimated £190 million spent on dealing with alcohol related violence and other alcohol related issues. Increasingly, people are drinking above daily recommended limits – currently it is estimated that 37% exceed these limits, 1 in 5 adults doubling it.

Our plan to tackle excessive drinking is a combination of key messages and more targeted interventions across the county, with the ultimate aim of reducing the amount of alcohol related admissions to hospitals.

Campaigns targeting particular locations – such as town centres – and specific age groups – such as 18-24 year olds – will be run. More targeted interventions are also planned for young offenders.

A range of training programmes for public sector workers who come into contact with the impacts of excessive drinking will be used to ensure that they can make brief, effective interventions.

Priority Target				
We aim to reduce the number of young people who are classed as misusing either drugs or alcohol from 14.3% to 11%.				
Progress	Base (2008)	08/09	09/10	10/11
	14.3%	14.3%	12.6%	11%

We aim to slow the increase in admissions for alcohol related harm per 100,000 population from 133 (from 2008/09 to 2009/10) to 108 (from 2012/13 to 2013/14).					
Progress	2009/10	10/11	11/12	12/13	13/14
	133	116	113	110	108

MENTAL HEALTH AND EMOTIONAL WELL-BEING

Good mental health and emotional well being is core to developing a healthy lifestyle and promoting healthier communities. It is estimated that just fewer than 100,000 people suffer from mental illness in Leicestershire. Potentially, however this number is significantly larger – the number of people who seek treatment for a mental illness is thought to be considerably smaller than those who have a mental illness.

The Health and Well Being Partnership's aim is to promote emotional well being to reduce

the risk of mental ill health. Our promotion and prevention work will take place in a variety of settings: such as schools, the workplace, or at home, and will be targeted across all age groups.

We are promoting emotional well being in school with the aim to encourage and educate young people on the social and emotional aspects of learning and life; and to empower those people who work with children to intervene early, preventing escalation of mental ill health.

We are also seeking to increase Access to Psychological Services; empowering people to access services which can treat or prevent more serious mental ill health. A new service called Good Thinking aims for an experienced therapist to call people within 72 hours of a patient's referral from their GPs, with face to face treatment potentially starting within two weeks.

Priority Target						
We aim to ensure that by 2011 just under three quarters of children have someone, professional or personal, that they can talk to about emotional issues.						
Progress	Base (2008)	08/09	09/10	10/11		
	63.8%					

We aim to increase the percentage of people with anxiety and depression receiving Psychological Therapies by 1.33% by 2013/14.						
Progress	April 2009	2010	2011	2012	2013	2014
	1.21%	1.25%	1.5%	2%	2.25%	2.5%

OUR HOMES, OUR COMMUNITY, OUR INDEPENDENCE

Between now and 2020, there will be a 40% increase in the number of people who are aged over 65. A growing, ageing population also creates a significantly greater and particular demand for housing which will need to be met in the long term.

We are seeking to encourage people to remain independent with three specific projects:

First Contact Leicestershire projects seek to provide people aged 60 and over with access to a range of low level, preventative services through a single point of contact.

A county wide Falls Programme seeks to establish a screening, referral and treatment cycle which encourages and empowers older people to maintain their independence, providing the right environment in their homes to do so. The programme will also concentrate on establishing good nutritional care and adequate hydration, factors which can dramatically reduce the prevalence of falls.

The Older People's Partnership, are supporting a project which seeks to establish how best to relay information and receive feedback from older, vulnerable people. This should result in public services providing the right kind of information, through the right medium, in a timely manner.

For vulnerable adults who are already receiving support, the Supporting People Programme seeks to empower individuals to remain independent and avoid residential care through bespoke support plans, tailored to specific need. We are also making it a priority to support long-term carers by offering them additional advice and support - support which could include providing care cover to allow for regular breaks or a holiday.

The environment which will most influence our ability to maintain independence is ultimately our home. Increasingly however, public services are aware of the importance of the community within which this home resides.

Leicestershire Together are working towards improving existing housing and ensuring that any new housing meets the particular needs of vulnerable people. We are also supporting a range of projects to encourage local communities working together – a proven and effective way of supporting independent living.

Priority Target

- By 2011, 1 in 3 of older people will feel that they receive the support they need to live independently at home.
- Over 99% of vulnerable people are supported to maintain independent living with housing related support.
- A 3% increase in the number of carers receiving a needs assessment.

SEXUAL HEALTH

Poor sexual health can have a significant impact on physical, mental and social well-being – potentially leading to unplanned pregnancies, sexually transmitted diseases, and cervical cancer, as well as Hepatitis, chronic liver disease and other complications.

The Health and Wellbeing Partnership's priority is to improve the sexual health of young people. We are aiming to reduce the number of teenagers who become pregnant and increase the number of 15-24 year olds who are screened for Chlamydia.

We are continuing to support the Community Safer Sex Project (CSSP), which already delivers advice in 100 different locations across the county, to an estimated 8000 young people per year. Coupled with this programme is sexual health training and development for people who work with children and young people.

Priority Target

- Chlamydia screening available across England with 25% of 15 – 24 year olds taking up a screen in 09/10 and 35% in 2010/11.
- Maintain access to genito urinary medicine (GUM) clinic within 48 hours of contacting a service.
- Reduce under 18 conception rate by 2010.

OUR WORKPLACES

It is estimated that the annual economic cost of ill-health in terms of working days lost and worklessness is over £100 billion. The Confederation of British Industry (CBI) estimated that last year 172 million working days were lost due to absence, costing employers £13 billion.

We are targeting both an improvement in the health of workers and the environment in which they work. Health promotion and well-being campaigns in the workplace have been shown to contribute toward a reduction in sickness and absenteeism of between 12-36%.

We are working together to develop and co ordinate a wide range of promotional activities across the county including the Healthy Workplace Award which encourages large employers to promote the health of their workforce. The Fit 3 campaign covers occupational health issues (e.g. contact dermatitis, asbestosis and occupational asthma) as well as injury reduction (e.g. slips and trips, falls, and workplace transport). Local campaigns focus on proactive inspections and there are joint partnership projects and campaigns.

Priority Target

- A 6% reduction in the incidence rate of cases of work related ill health

CONCLUSION

Our programme is an ambitious one. We want to encourage, empower and provide an environment in Leicestershire which helps tens of thousands of people to live healthier, happier and longer lives.

We will deliver this programme during a recession and hopefully, an economic recovery. Over the next three to six years resources will be constrained. Therefore we have identified three key areas as our priority. These have been selected based on cost, their potential impact on health and health inequalities and the proven effectiveness of the plans we have in place.

Priority 1: reducing smoking prevalence

Smoking cessation is extremely cost effective. Smoking is still the biggest avoidable cause of ill health and the biggest driver of health inequalities. There is a sound evidence base for interventions to help people stop smoking or to reduce smoking prevalence.

The impacts of stopping smoking on cardiovascular disease start within a short time period, although the impacts on cancer take longer to realize. Targeted interventions to reduce smoking prevalence are also amongst the most effective to reduce inequalities.

Priority 2: reducing the harm associated with alcohol

There is good evidence of the effectiveness and cost-effectiveness for a number of interventions designed to reduce alcohol related harm and hospital admissions.

There is also a return on financial investment over a short time period and an impact on health inequalities. Investment in services to reduce alcohol related harm, particularly in the context of Total Place should produce an overall financial return, as well as health benefit, in one to two years.

Priority 3: tackling obesity, physical activity and healthy eating

Obesity has a very significant impact on health and public finance. Physical inactivity is also a risk factor for a number of other diseases. The evidence base for interventions to reduce obesity is limited, although local interventions to increase physical activity have had an impact. Currently significantly more resource is invested in physical activity than in healthy eating and this strategy prioritizes interventions to reduce obesity in young children and their families.

Helping people stay healthy for longer and working together to tackle unacceptable health inequalities may in the long term save money for the NHS and other public services – money that can be reinvested in other services. It is crucial therefore that the Staying Healthy agenda remains a key strategic priority for the public sector in the long term.

BACKGROUND

Leicestershire Together is the county's strategic partnership. Each city, county and district has such a partnership. They are in place to ensure the public sector spends their budgets in a smarter, more co-ordinated manner. The partnership brings together councils, health services, schools, businesses and charities to agree on a set of priorities and how our money should be spent achieving these priorities.

Leicestershire Together's Sustainable Community Strategy is this set of priorities. We have put down a marker; setting ourselves 49 key outcomes which we want to achieve by 2013. There are 61 measures which monitor how well we are performing at achieving these ambitions. We have signed a Local Area Agreement with Central Government which sets these firm targets for Leicestershire Together.

The Health and Wellbeing Partnership is responsible for making Leicestershire healthier; for delivering on the commitments we have made strategically and in our agreements that will contribute to this ambition.

The Partnership consists of senior staff from NHS Leicestershire County and Rutland and the county's health service providers from the University Hospital Trust (who run our Royal Infirmary and General Hospitals) and the Leicestershire Partnership Trust (who run our mental health services). In addition, the Partnership comprises of staff from the voluntary sector, patient organisations, and district councils and the county council who deliver a range of key services to a wide range of people.

We have an agreed set of priorities based on a comprehensive assessment of the county's health needs. This partnership is concentrating on the Staying Healthy component of the Joint Strategic Needs Assessment, and does not address treatment service, for example, services for cancer patients. Our priorities are to:

- tackle health inequalities;
- reduce levels of obesity;
- increase the amount of physical activity we do;
- improve our mental health;
- improve sexual health and
- reduce the number of people who smoke
- reduce the harmful impact of alcohol misuse.

This is Leicestershire's plan to make us healthier; explaining why intervention is required, what ambitions we have set ourselves and what projects we will run and fund to achieve those ambitions.

LEICESTERSHIRE'S NEEDS

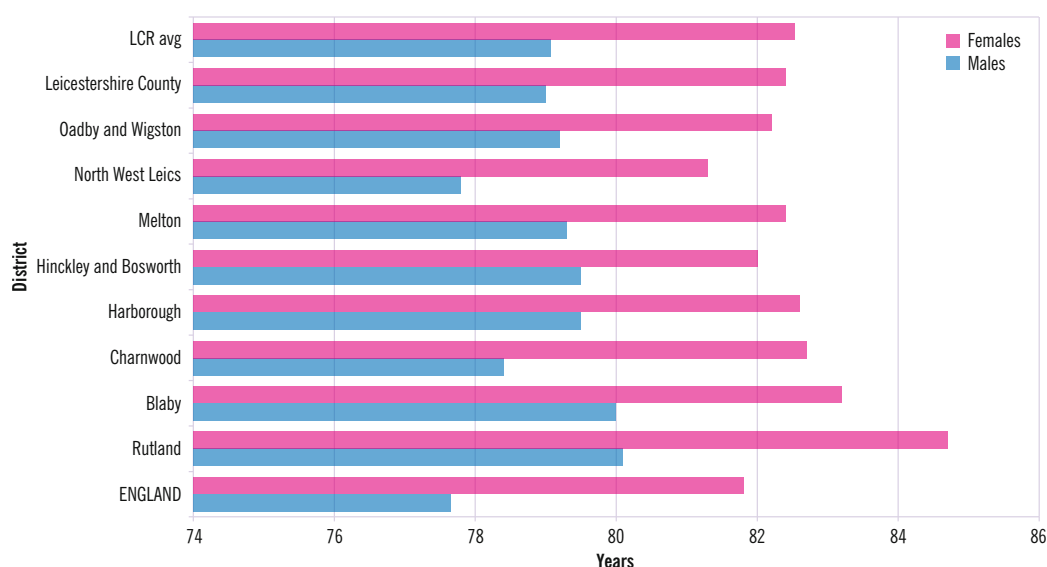
DETERMINANTS OF HEALTH

Cancer, coronary heart disease, stroke, diabetes represent the major disease burden in England and Leicestershire. Their causes are well known to include: smoking, obesity, excess alcohol consumption, unhealthy diets and lack of exercise.

The reasons why people smoke, eat poorly, drink too much and do not regularly exercise are varied and complex. Habits formed in childhood have a massive bearing on future life choices and health outcomes. Also, the extent to which people have control over their life choices – control which extends to employment, housing and education as well as diet and life style – play a significant role in someone's health both physical and mental.

How long you live, how healthy you are, and your mental health is proven to depend greatly, though not solely, on the conditions in which you live. Where you are born, grow, live, work, your education and your access to quality health care play a massive role in your overall health. Overall, health outcomes follow a social trend. The higher up the social hierarchy an individual is the lower their risk of ill health and premature death, and vice versa.¹

LIFE EXPECTANCY



Source: *Life Expectancy: Compendium of Clinical Indicators*. www.nchod.nhs.uk.

On average we live longer in Leicestershire compared to the rest of England – men until 79, women until 82. However, this masks considerable variations. North West Leicestershire has the lowest average life expectancy at 77.8 years for men and 81.3 for women, below the national average. For example, a boy born in the most deprived areas of Charnwood can expect to live for 4.8 years less than the average in the whole area of Charnwood.

The most significant causes of these inequalities are circulatory diseases, and to a lesser extent, cancer and respiratory diseases.

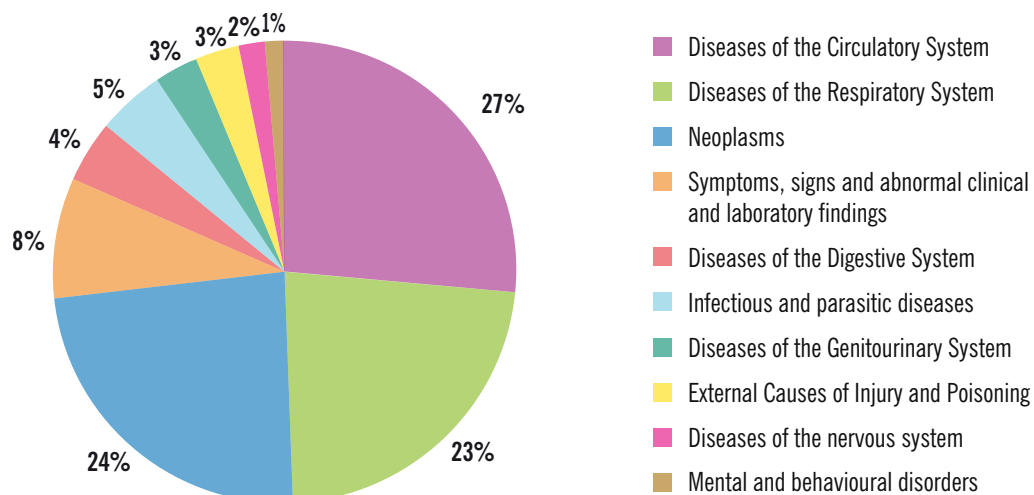
1. Marmot, M (2004). *The Status Syndrome: How Social Standing Affects Our Health and Longevity*. London: Bloomsbury.

	Cause 1		Cause 2	
	Male	Female	Male	Female
Blaby	All circulatory diseases	Respiratory diseases	Other	All circulatory diseases
Charnwood	All circulatory diseases	All circulatory diseases	Respiratory diseases	Respiratory diseases
Harborough	All circulatory diseases	All cancers	External causes	Other
Hinckley and Bosworth	All circulatory diseases	All circulatory diseases	Respiratory diseases	Other
Melton	All circulatory diseases	All circulatory diseases	Respiratory diseases	Other
North West Leicestershire	All circulatory diseases	All circulatory diseases	Respiratory Diseases	All cancers
Oadby and Wigston	All circulatory diseases	All cancers	All cancers	Respiratory Diseases
Rutland	All circulatory diseases	Under 28 days	All cancers	All circulatory diseases

Source: Life Expectancy: Compendium of Clinical Indicators. www.nchod.nhs.uk.

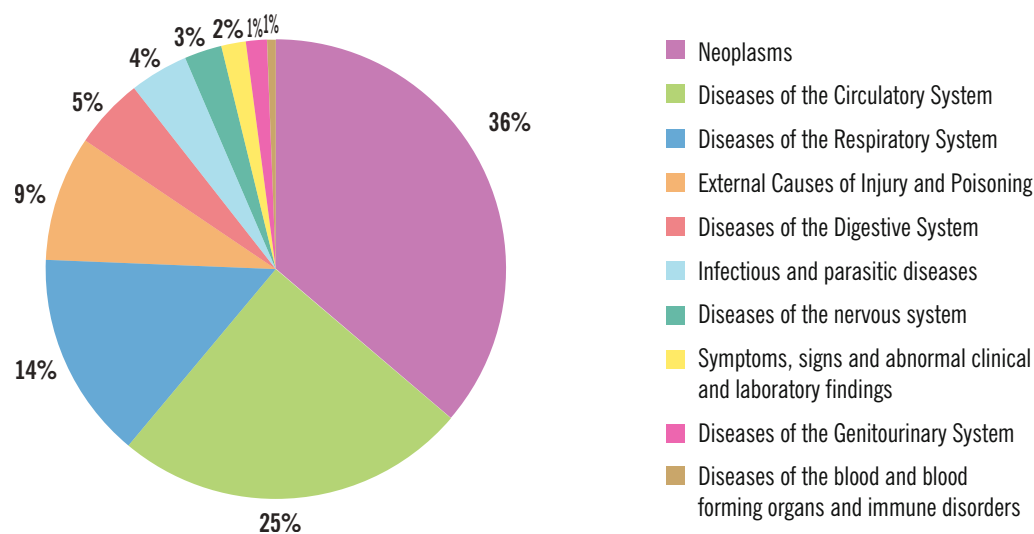
MORTALITY RATES

Top 10 causes of death In Leicestershire and Rutland 2008 all ages



Source: Causes of death data extracted from Office for National Statistics monthly mortality downloads (Public Health Mortality File).

Top 10 causes of death in Leicestershire and Rutland 2008, pre 75

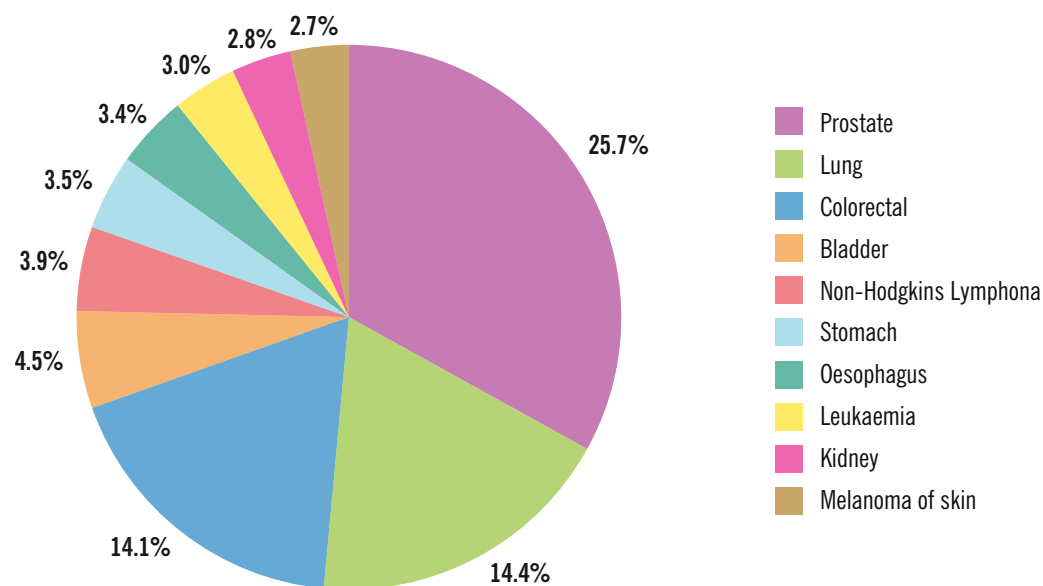


Source: Causes of death data extracted from Office for National Statistics monthly mortality downloads (Public Health Mortality File).

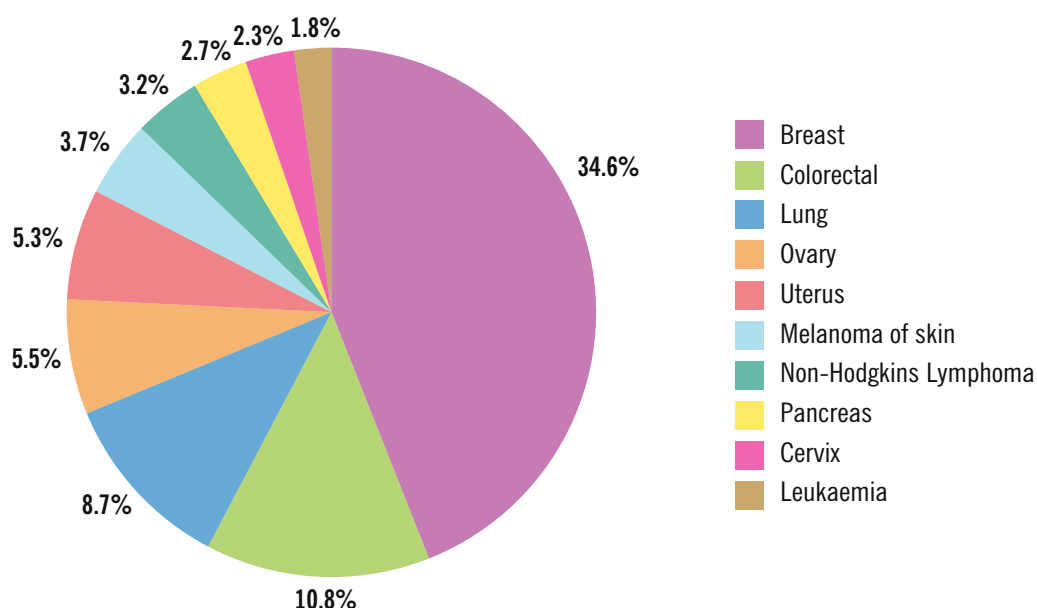
- In 2008 there were 5,187 deaths of patients in Leicestershire and Rutland.
- 27% of these were related to diseases of the circulatory system, 23% to diseases of the respiratory system, 24% were due to neoplasm.
- 1,630 of the deaths were to people aged under 75 - 1 in 3 of all the premature deaths in the area.
- Of the premature deaths, 36% are due to neoplasm, 25% are due to diseases of the circulatory system and 14% are due to respiratory diseases.

CANCER

Males – average number of cases



Source: Trent Cancer Registry. Cancer factsheet. [Online] 2005

Females – average number of cases

Source: Trent Cancer Registry. Cancer factsheet. [Online] 2005.

- In 2007/08 there were 7,549 people in Leicestershire on GP registers with a diagnosis of cancer - a rate of 1.21% of the total population.
- Incidence of cancer in LCR is significantly lower than for England. However, the incidence of cancer is increasing from around 337 per 100,000 in 1993 to around 375 per 100,000 in 2005.
- Between 2005 and 2007, 4,728 people in Leicestershire County and Rutland died from cancer, 2,306 deaths were in the under 75 year olds.
- Mortality rates from cancer for all ages and for people aged under 75 years are significantly lower in LCR than the England average.

DIABETES

	Registered patients 17+	Diabetes mellitus registered counts	Percentage prevalence	Lower Confidence Limit%	Upper Confidence Limit %
England	43,300,959	2,086,848	4.82%	4.81%	4.83%
East Midlands	37,540,291	1,805,176	4.81%	4.80%	4.82%
Leicestershire County and Rutland	538,408	25,687	4.77%	4.71%	4.83%
Leicestershire	511,022	24,406	4.78%	4.72%	4.83%
Rutland	27,386	1,281	4.68%	4.43%	4.93%

- Recorded prevalence of diabetes in LCR is similar to national and regional levels of around 4.7%, 25,687 people. Prevalence of diabetes is projected to rise to around 6.3% in 2025, 46,840 people in LCR.
- Estimates of disease prevalence for Leicestershire County and Rutland suggest that the actual number of diabetics in Leicestershire County and Rutland is closer to 34,000. This

suggests that 8,000 adults in Leicestershire are undiagnosed.

- NHS LCR experiences significantly lower premature mortality rates from diabetes than the national and regional rates.
- In LCR, there were 291 excess deaths among people with diabetes aged between 20 and 79 in 2005 – around 10% of all deaths in this age group.

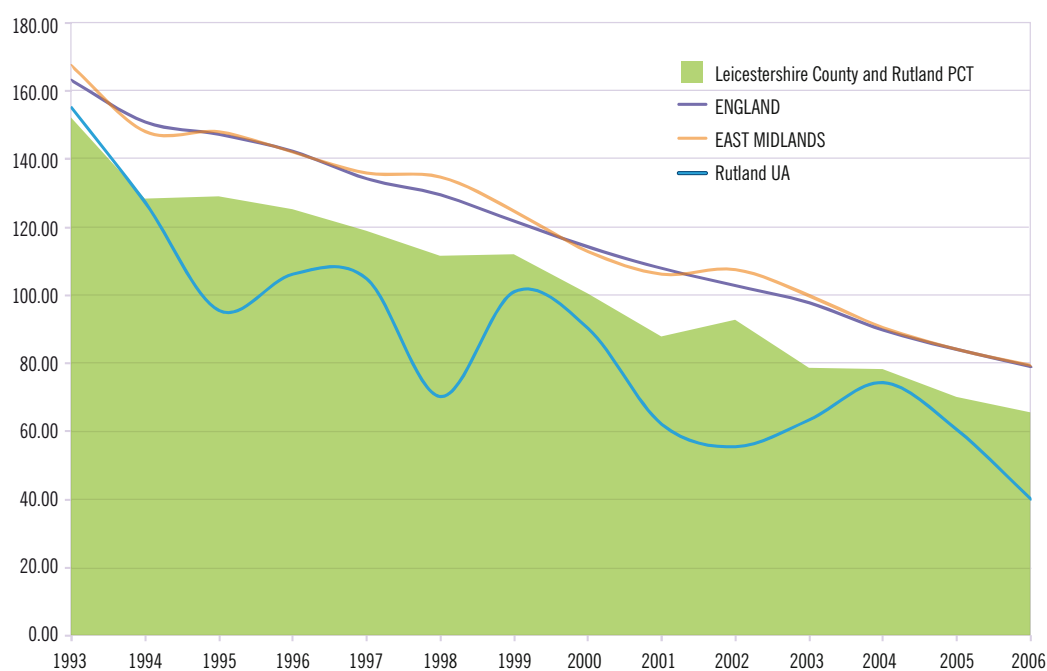
CHRONIC OBSTRUCTIVE PULMONARY DISEASE

Chronic obstructive pulmonary disease (COPD) is the overall term for:

- Chronic bronchitis.
 - Emphysema.
 - Chronic obstructive airways disease.
 - Chronic airflow limitation.
 - Some cases of chronic asthma.
- Recorded prevalence in LCR is significantly lower than national and regional levels of around 1.5%, 8,452 patients.
 - Estimated prevalence of COPD is 14,244 people or 2.6% a gap of around 6,000 undiagnosed patients (just over 1% of the population).
 - The estimated prevalence is predicted to rise to 2.9% by 2025, 15,865 people.
 - Between 2004 and 2006 there were 644 deaths from COPD, 31% of these were premature (i.e. to under 75 year olds).

CIRCULATORY DISEASE

Trends in deaths from all circulatory diseases in people under 75



Source: *Compendium of clinical indicators*.

- 27% of premature deaths in LCR are from circulatory disease.
- NHS LCR experiences significantly lower mortality rates from CVD than the national and regional rates.
- Premature mortality rates have fallen – reduction of 57% between 1993 and 2006.

HYPERTENSION (HIGH BLOOD PRESSURE)

- Nationally, 1 in 3 people have diagnosed hypertension.
- LCR has 90,491 people on their hypertension registers. Estimated prevalence indicates 163,776 people or 29.2% of population. This implies that around 12.7% have undiagnosed hypertension (73,300 people).
- Hypertension prevalence is predicted to rise to 198,585 by 2020, a total increase of 21.5% on the 2008 levels.

CORONARY HEART DISEASE (CHD)

- GP registers indicate that the prevalence of CHD in LCR is significantly lower than national levels with 22,610 people 3.4% of the population.
- In 2008 it was estimated that 28,287 people had CHD (5.0%) a gap of 5,577 undiagnosed patients
- By 2020 it is estimated that 36,573 people will be living with CHD, a prevalence of 5.8%. This is an overall increase of 29.2%
- Whilst a significant proportion of population have CHD, mortality rates, particularly premature mortality rates from CHD have been declining rapidly.

STROKE

- GP registers indicate that the prevalence of stroke in LCR is significantly lower than national levels with 10,408 people 1.6% of the population.
- In 2008 it was estimated that 13,271 people have had strokes in LCR, 2.4% of the adult population, a gap of 3,000 undiagnosed patients
- By 2020 it is estimated that 17,313 people will be living with stroke, a prevalence of 2.8%. This is an overall increase of 30%.
- In 2005/07 there were 1,640 deaths as a result of stroke in Leicestershire County and Rutland (550 per year). 259 of these deaths were for under 75's.
- LCR has significantly lower mortality from stroke (45 deaths per 100,000) than the national average (50 deaths per 100,000).
- The number of deaths in Leicestershire County and Rutland has fallen from around 73 deaths per 100,000 in 1995/97 to around 45 deaths per 100,000 in 2003/06, a similar reduction to that seen nationally.

These diseases all have a common set of risk factors that this strategy will tackle – smoking, alcohol consumption, lack of physical activity and obesity.

TACKLING HEALTH INEQUALITIES

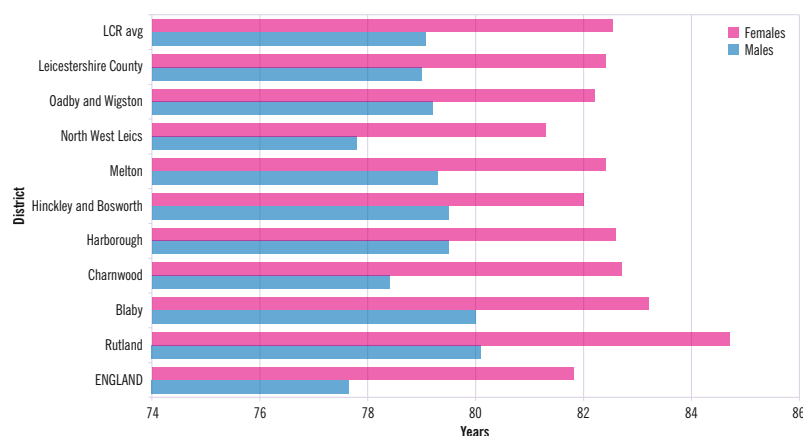
Definition

Health inequalities - 'the presence of systematic disparities in health (or its social determinants) between more and less advantaged social groups/individuals'

Defining equity in health, J Epidemiol Community Health 2003, 57(4):254-258

THE ISSUE

Most health inequalities are unacceptable and are a challenge to every service provider in Leicestershire.



A boy born in North West Leicestershire can expect to live for 2.2 years less than a boy born in Blaby. The gap in life expectancy in girls (for the same districts) is 1.9 years.

Source: *Life Expectancy: Compendium of Clinical Indicators*. www.nchod.nhs.uk.

The life expectancy for a district (figure 1 above) can also mask the differences in life expectancy within our districts. These differences occur as a result of underlying inequalities in small areas within each district. For example, a boy born in the most deprived areas of Charnwood can expect to live for 4.8 years less than the average in the area - for girls the biggest gap is 2.5 years in Oadby and Wigston.

	Cause 1		Cause 2	
	Male	Female	Male	Female
Blaby	All circulatory diseases	Respiratory diseases	Other	All circulatory diseases
Charnwood	All circulatory diseases	All circulatory diseases	Respiratory diseases	Respiratory diseases
Harborough	All circulatory diseases	All cancers	External causes	Other
Hinckley and Bosworth	All circulatory diseases	All circulatory diseases	Respiratory diseases	Other
Melton	All circulatory diseases	All circulatory diseases	Respiratory diseases	Other
North West Leicestershire	All circulatory diseases	All circulatory diseases	Respiratory Diseases	All cancers
Oadby and Wigston	All circulatory diseases	All cancers	All cancers	Respiratory Diseases
Rutland	All circulatory diseases	Under 28 days	All cancers	All circulatory diseases

The most significant factor contributing to the inequalities gap is circulatory diseases, accounting for between 46% and 70% of the gap in life expectancy.

UNDERSTANDING HEALTH INEQUALITIES

Locally, we now have a better understanding of what and where health inequalities exist and what we need to do to develop interventions to tackle them.

The Joint Strategic Needs Assessment (JSNA) has established the current and future health and wellbeing needs of Leicestershire's population. Along with health inequality tools developed by the NHS, we are now in a position to evidence key issues and their necessary interventions.

The key to reducing inequalities across Leicestershire is tackling the causes of circulatory and vascular diseases (including cardiovascular disease, diabetes and chronic kidney disease). These diseases have a common set of risk factors: poor diet, obesity, lack of physical activity, high blood pressure and smoking.

WHO EXPERIENCES INEQUALITIES

The 2009 JSNA has identified where inequalities are linked to socio-economic circumstances, a person's ethnicity, age or gender or to people that are disadvantaged by an existing condition or circumstances (for example people with learning disabilities or people in prison).

Leicestershire Together has also identified the 19 most disadvantaged neighbourhoods where the most work will be required to make improvements to people's quality of life.

WHAT WE ARE DOING TO TACKLE INEQUALITIES

We are supporting and are responsible for a wide range of projects around improving our diets, the level of physical activity we take and reducing smoking and encouraging sensible drinking – the key contributing factors behind circulatory and vascular deaths in Leicestershire.

Many projects are specifically targeting vulnerable groups and neighbourhoods and are increasingly adopting a personalised, bespoke approach – a key finding of the JSNA.

Priority Target					
Among males there is currently a 6.5 year gap in life expectancy between the 10% most deprived men in the country and the 10% most affluent. By 2011, we are aiming to reduce this gap to 5.4 years. Among women this gap has increased recently - our aim is to slow the rate of increase so that by 2011 the gap will be 4.6 years.					
Progress	Base 04-08	05-09	06-10	07-11	08-12
Men	5.6	5.5	5.5	5.4	5.4
Progress	Base 04-08	05-09	06-10	07-11	08-12
Women	4.8	4.8	4.7	4.7	4.6

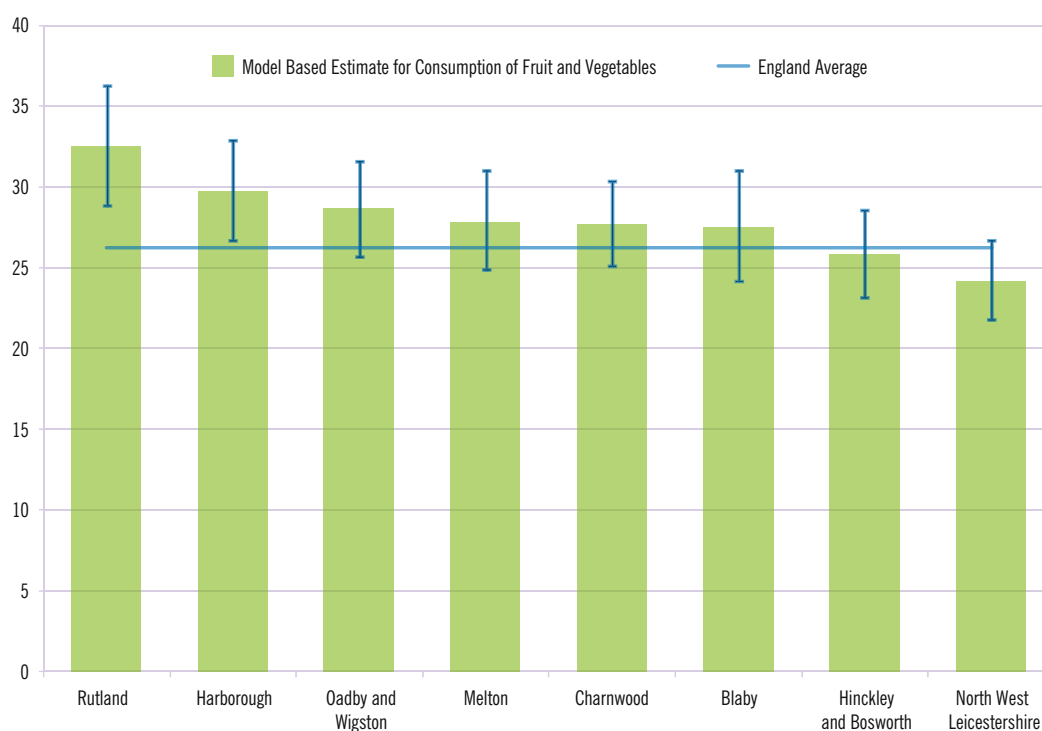
A HEALTHY WEIGHT, A HEALTHY LIFE

Obesity rates by District

Area	Estimate %	Lower %	Upper %	Office for National Statistics 2007 Population 16+	Estimated number of obese adults
North West Leicestershire	25.9	23.9	28.1	73,100	18,933
Rutland	25.8	22.7	29.2	31,100	8,024
Blaby	25.6	23.5	27.8	75,400	19,302
Hinckley and Bosworth	25.3	23.3	27.5	85,800	21,707
Charnwood	24.9	22.8	27.0	136,900	34,088
Oadby and Wigston	24.1	22.1	26.3	46,500	11,207
Melton	24.1	22.1	26.3	40,100	9,664
Harborough	22.8	20.7	25.0	66,100	15,071
Leicestershire County and Rutland Primary Care Trust	24.8	24.0	25.7	551,100	137,665
England	23.6	23.0	24.2	41,436,200	9,778,943

Source: Association of Public Health Observatories. APHO: health profiles

Estimates of fruit and vegetable consumption (5+), adults 2003-05



Source: Neighbourhood Statistics: LA Model-Based Estimates of Healthy Lifestyles Behaviours, 2003-05.
available at URL: <http://www.ic.nhs.uk/pubs/healthylifestyles05>

Percentage of overweight and obese young people in Leicestershire

	Reception		Year 6	
	Obese %	Overweight and Obese %	Obese %	Overweight and Obese %
NHS Leicestershire County and Rutland	8.4%	21.8%	14.8%	28.8%
England	9.6%	22.6%	18.3%	32.6%

Source: National Childhood Measurement Programme

Source	Pages 30-32 Leicestershire Joint Strategic Needs Assessment 2009
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THE ISSUE – HEALTHY EATING

As illustrated above, 1 in 4 adults in Leicestershire and Rutland are obese. Only 1 in 4 adults eat the recommended 5 portions of fruit and vegetables a day. Fewer than 1 in 4 adults in the county are physically active enough to maintain a healthy lifestyle.

One of the core aims of Leicestershire Together's Health and Wellbeing Partnership is to reduce levels of obesity. We aim to achieve this by increasing healthy eating and physical activity across all age groups in the whole county.

It is ambitious to turn around current trends. By 2015 it is estimated that 36% of men and 28% of women in England will be obese, rising to potentially 60% men and 50% of women by 2050.

Trends among the young are particularly concerning. Amongst boys and girls aged between 2 and 15, the proportion that are obese has increased - from 11 per cent in 1995 to 17 per cent in 2007 among boys, and from 12 per cent to 16 per cent among girls.

Obesity increases the risk of several diseases. An obese woman is 12.7 times more likely to have type 2 diabetes. An obese person is 85% more likely to suffer from hypertension, and there is a direct link between obesity and cardiovascular disease and some cancers. Overall an obese person is likely to die on average 11 years earlier.

Definitions

Whether we have a healthy weight is measured by our body mass index (BMI). To establish a BMI, you divide your weight in kilograms by the square of your height in metres. An online calculator is available from the NHS website. [Note: Include web link]

There is a healthy weight spectrum. For an adult, a BMI reading of between 18.5 and 25 is considered healthy. Below 18.5 is considered underweight; anything under 15 is considered malnourished. A BMI of between 25–29.9 kg/m² is regarded overweight and a BMI reading of over 30 is considered very overweight or obese.

WHAT WE ARE DOING TO ENCOURAGE HEALTHY EATING

Our approach is about healthy eating, encouraging and facilitating the right healthy choices for everyone.

As a partnership we are working to encourage healthier eating among all. However, based on the latest research, the partnership has agreed that the best course of action for the long term is to prioritise work with young children and families. Additional funding has therefore been provided through Leicestershire Together to build on the successful work carried out in children's centres and through the Healthy Schools Programme (see below).

We want families to make healthy food choices, so that ultimately children develop good eating habits early.

ENCOURAGEMENT AND EMPOWERMENT

A new team will be employed to develop a Healthy Tots programme, targeting younger children and their families.

The Healthy Tots programme will:

- Promote and support breast feeding – a key, proven intervention at reducing the chances of becoming obese in later life.
- Train children's workers to deliver informal and formal advice on balanced diets through children centres, targeting especially at risk children and families

The Healthy Schools Programme will continue its promotional work in schools as well as:

- Establishing a clear care pathway for children who are obese and their families which links all agencies (i.e. health, local authorities, voluntary & private sector and service users) with clear referral protocols & procedures
- Promoting activities in schools where children are taught about nutrition and balanced diets.

The NHS is working with schools to measure the height and weight of children in Reception Year and Year 6. The National Child Measurement Programme will help local organisations understand the level of child obesity and provide appropriate services for children, as well as engaging families in healthy weight issues.

Considerable work is being carried out across the County, including evidence-based food, nutrition and weight management programmes. These will be developed further and will be family-based to support both the children and their parents/carers.

ENVIRONMENT

We are also supporting projects which will try to get children to reduce soft drinks consumption and to reduce TV viewing, providing them with an environment and lifestyle which will make healthy choices easier.

Priority Target				
By 2011, we want to have halted the rising trend of obesity in 10-11 year olds in the county on our way to reducing the overall level of obesity in children and adults.				
Progress	Base (06/07)	08/09	09/10	10/11
	14.7%	14.9%	14.9%	14.8%

We need to work smarter and more extensively at tackling obesity among adults. Leicestershire's Health and Wellbeing Partnership are striving to include the whole community – from planners to the voluntary sector. We are looking to include the whole supply chain for food – from producers to retailers. We need to use as many means of communication as possible – from mass marketing on T.V., to websites & chat rooms - so that in workplaces, and on high streets and in supermarkets right across the county well-informed people are offered genuine healthy affordable food and drink.

Leicestershire Healthy Schools Programme

The Leicestershire Healthy Schools Programme (LHSP) is a local partnership between education and health, which supports the links between health, behaviour and achievement. Its aims are:

- To support children and young people in developing healthy behaviour
- To help to raise pupil achievement
- To help to reduce health inequalities
- To help promote social inclusion

The programme operates a whole school approach to education and health improvement ensuring that the whole community is involved in the process. Programmes concentrate on four key areas:

Personal Social and Health Education (PSHE Education) including sex and relationship education and drug education

- Healthy Eating
- Physical Activity
- Emotional Health and well being (Including bullying)

Each school assesses need, monitors progress and sets targets – developing a bespoke approach as they embed the above for key areas in their curriculum, school culture, and staff development. Ultimately, teachers, children and their parents will work collectively to get children to do more physical activity, to take the healthy eating option, to become happier.

Levels of physical activity by District of adults aged 16+

Performance Indicator		Blaby	Charnwood	Harborough	Hinckley and Bosworth	Melton	North West Leics	Oadby and Wigston
NI 8	Adult participation in Sport (x3 half hour moderate exercise a week)	22.6%	25.4%	24.8%	22.8%	24.4%	24.9%	20.1%

Source Page 32 Leicestershire **Joint Strategic Needs Assessment** 2009

THE ISSUE – PHYSICAL ACTIVITY

Taking part in regular physical activity is a vital and effective way in living a healthy and happy life. The proportion of adults who exercise for half an hour at least three times a week varies significantly across Leicestershire. In Charnwood, over 1 in 4 adults exercise regularly. In Oadby and Wigston the rate is fewer than 1 in 5 adults.

Coupled with a balanced diet, regular, moderate physical activity, such as a brisk walk, can bring about major health benefits. Exercising three times a week for half an hour maintains an existing level of fitness. To feel significant, tangible benefits, adults need to exercise at least five times a week for half an hour. Being physically active

- Decreases the risk of cardiovascular mortality in general and coronary heart disease;
- Reduces the overall risk of cancer – especially colon and breast cancers;

- Prevents or delays the development of high blood pressure;
- Helps people to control their body weight;
- Helps prevent the onset of diabetes and those with diabetes control it;
- Reduce the risk of falls and accidents (especially in the elderly) by improving bone health and maintaining strength, co-ordination, cognitive functioning and balance;
- Reduces the risk of depression and has the positive benefits for mental health including reducing anxiety and enhancing mood and self esteem.

For these reasons, Leicestershire Together are allocating significant funding to support more people to do more physical activity, more regularly.

What we are doing to get people to do more physical activity Leicestershire's health needs assessment concluded that we need 'continued and comprehensive investment' to 'develop sports and physical activity programmes'. These programmes need to offer a wide variety of activities from walking to organised sport to cater for a wide range of people, young and old, expert and novice.

Encouragement, Empowerment & Environment

Nationally there is a plethora of promotional campaigns encouraging both more physical activity and healthy eating. Change4life is a national campaign that aims to bring together these strands through a single campaign, brand and website. It provides families in particular with advice on healthy eating and physical activity and provides a listing service for a range of walking, cycling and volunteering opportunities filtered by post code.

For adults, much of this activity locally has been channelled through the Active Together programme. This programme has already encouraged significant increases in adult participation and has now been extended and enhanced to ensure further impact on participation levels. The equivalent of 15 full time Physical Activity Development Officers are in place to develop and promote a wide range of programmes, ensuring that residents of Leicestershire will have access to an impressive range of activities such as swimming, walking, dance, and cycling, regardless of where we live.

In addition, an Active Lifestyle Referral Scheme will become available across Leicestershire for those people whose health will benefit most from taking part in physical activity. Bespoke programmes will be put into place for people who are referred to physical activity by a health professional.

For young people, additional funding is being provided to deliver linked and extended activities in and out of the school timetable. Leicester-Shire and Rutland Sport are developing this new approach and we expect a 10% increase in young people's physical activity over the next three years.

Priority Targets				
In 2005, 22.7% of adults in Leicestershire took part in half an hour's worth of moderate physical activity at least three times a week. By 2011, we want this figure to rise to 26.7%.				
Progress	Base (05/06)	08/09	09/10	10/11
	22.7%	24.6%	25.8%	26.7%
We want to increase the amount of children who participate in at least two hours of physical activity a week from 70% to 80%.				
Progress	Base (07/08)	08/09	09/10	10/11
	70%	70%	75%	80%

Free swimming

Across Leicestershire, Leicester and Rutland, over 400,000 people who are 16 and under and 60 and over can enjoy free swimming every day.

A special agreement between all councils in Leicestershire, Leicester and Rutland, enables people from both age groups to take advantage of free swimming at local authority pools anywhere in Leicestershire, Leicester and Rutland and not just their local pool. Public swim sessions vary from pool to pool and people are advised to check beforehand at their local pool or centre before travelling. This programme which runs between April 2009-11.

The pools that offer the 'free swim' programme are:

Blaby ~ Enderby Leisure Centre & Winstanley Community College

Charnwood ~ Loughborough Leisure Centre, Soar Valley Leisure Centre, South Charnwood Swimming Pool, Longdale Community College, Humphrey Perkins High School, Burleigh Community College, Rawlins Community College, Hind Leys Community College, Roundhill Community College

Harborough ~ Harborough Leisure Centre, Lutterworth Sports Centre

Hinckley & Bosworth ~ Hinckley Leisure Centre, John Cleveland College, Bosworth Community College

Melton ~ Waterfield Leisure Centre, Melton Mowbray

Oadby & Wigston ~ Oadby Swimming Pool, Wigston Swimming Pool

North West Leics ~ Hood Park Leisure Centre, Hermitage Leisure Centre, Castle Donnington Community College, Ashby School, King Edward VII Community College, Ibstock Community College

Leicester City ~ Aylestone Leisure Centre, Braunstone Leisure Centre, Cossington Street Sports Centre, Evington Leisure Centre, Leicester Leys Leisure Centre, Spence Street Sports Centre & New Parks Leisure Centre

REDUCING SMOKING PREVALENCE

Smoking estimates by District

Area	Upper %	Lower %	Estimate %	Office for National Statistics 2006 population 16+	Estimated number of smokers
Blaby	22.6	17.0	19.6	74,902	14,681
Charnwood	26.3	20.9	23.5	134,315	31,564
Harborough	22.5	17.4	19.8	65,134	12,897
Hinckley and Bosworth	25.7	20.4	22.9	85,149	19,499
Melton	27.9	21.1	24.4	39,763	9,702
North West Leicestershire	26.0	20.8	23.3	72,318	16,850
Oadby and Wigston	23.8	18.4	21.0	45,982	9,656
Rutland	20.7	14.8	17.6	30,923	5,442
Leicestershire County and Rutland Primary Care Trust	22.9	20.8	21.9	548,486	120,118
East Midlands	24.9	23.4	24.7	2,711,933	675,271
England	24.1	22.8	26.9	31,636,162	7,624,315

Source: Health Surveys for England 2003 to 2005 and APHO

Source Page 37 Leicestershire **Joint Strategic Needs Assessment** 2009

THE ISSUE

Leicestershire has an estimated 115,000 smokers, roughly 1 in 4 of the adult population. This masks a significant variation between areas of the county, as illustrated above. Just less than 1 in 4 are estimated to smoke in Melton; less than 1 in 5 in Blaby. The rate of people who do smoke is falling, among adults, young adults and under 16's.

However despite a number of successful interventions – banning smoking advertising, smoke free pubs and a new and effective stopping smoking service in the NHS – smoking remains the single greatest cause of preventable deaths in the UK, killing around 87,000 people each year.

If we smoke, it is likely that we will die up to 16 years younger than a non-smoker and we are exposed to a far greater risk of cancer, coronary heart disease, and respiratory disease. Smoking is also a key factor in linking poverty, deprivation and ill health.

WHAT WE ARE DOING TO REDUCE SMOKING

We want less people to smoke. Studies have shown that no single approach on its own will have a significant impact. A five year, co-ordinated approach is planned; linking promotion and education (encourage), counselling services (empowering) and limiting the supply of tobacco (environment).

We are targeting pregnant women, smokers in areas of high prevalence and from particular backgrounds and smoking among the young.

Encouragement and Empowerment

A specialist team will co-ordinate new activity on tobacco prevention, education and cessation for under 16's. This new team will work closely with Healthy Schools Programmes, school nurses, and children's centres.

There has been a significant expansion of adult stop smoking services in Leicestershire, with a particular focus on increasing the following people accessing quitting services:

- routine and manual workers;
- pregnant smokers;
- smokers with young families;
- smokers within secondary care; and
- smokers in prisons and probation services.

Smoking while pregnant not only damages the mother's health, but can also harm the baby. It has been linked to a variety of health problems including premature birth, low birth weight, cot death, miscarriage, and breathing problems/wheezing in the first six months of life.

12% of women who gave birth in Leicestershire during 2008-09 were smokers at the time of delivery. Adolescents with both parents who smoke are also four times more likely to be a smoker than their peers whose parents don't smoke. Our aim is to ensure that every pregnant woman in Leicestershire who smokes will be put in touch with a specialist counsellor to help her quit.

Helping a pregnant woman to quit smoking has benefits which stretch across decades. For example, adolescents with both parents who smoke are four times more likely to smoke than their peers whose parents don't smoke.

ENVIRONMENT

Counterfeit or smuggled tobacco is sold on the black market at up half the price of taxed, legal tobacco. Supplying the market is often done through organised gangs.

Access to smuggled tobacco undermines efforts to quit smoking. Research has found that one in four of the poorest smokers buy smuggled tobacco compared to one in eight of the most affluent. A Tobacco Control Alliance Co-ordinator will be appointed to work with the NHS, Trading Standards and the Police to reduce the supply.

Priority Target				
Currently, we estimate that during 2004-07 about 4300 people quit smoking in Leicestershire annually with the support of NHS Stop Smoking Services. Between 2008 and 2011 we want this annual figure to reach 5000.				
Progress	Base (06/07)	08/09	09/10	10/11
	4300	5000	5000	5000

Reducing the demand, cutting the supply

Local schools, trading standards and the NHS, supported by Leicestershire Together, have been working closely and successfully to stop teenagers smoking.

Almost 20% of 981 teenagers identified as smokers have stopped and 30% said that it was now more difficult to buy cigarettes since a range of measures were implemented in the county.

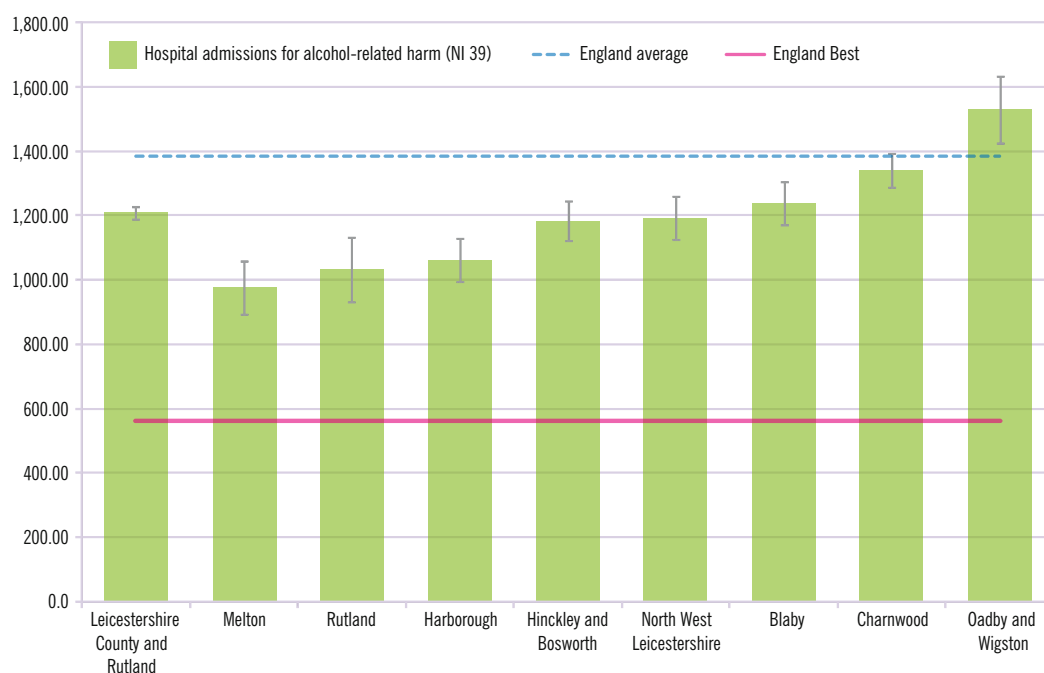
The approach has been two fold. 14-16 year olds, who have admitted to being smokers, have been given counselling by school nurses and in some cases issued with nicotine patches and gum. In conjunction with targeting teenage demand for cigarettes, the scheme has also targeted local supply.

Trading standard officers have also targeted nearby off licenses and newsagents in order to prevent the illegal selling of cigarettes to under age teenagers.

This successful programme will be rolled out to an additional group of schools. Leicestershire Together will now fund a permanent co-ordinator for the work as well as providing additional Trading Standards support to further build upon the existing successful enforcement and education activity.

DRINKING SENSIBLY

Admissions for alcohol related harm by district



Source: *Alcohol Profiles 2008*, North West Public Health Observatory [online] available from URL: <http://www.nwph.net/alcohol/lape/>

Source Page 34 Leicestershire Joint Strategic Needs Assessment 2009

THE ISSUE

Most people drink moderately to socialise and relax without it severely impacting our health. However, increasingly, people are drinking above recommended limits (21 units for men per week, 14 for women). It is estimated that 37% exceed these limits, 1 in 5 adults doubling it (the equivalent to drinking over 20 pints every week).

Excessive drinking is linked to a range of health issues such as high blood pressure, mental ill-health, accidental injury, liver disease and sexually transmitted diseases and breast cancer. Excessive drinking places a huge burden on the NHS.

This is only half the story; excessive drinking has a huge impact on wider society. The alcohol industry creates jobs and city centres are shaped by where bars, pubs and clubs are placed. Consequently its negative impacts are felt more widely and are more visible than perhaps the excessive use of any other substance.

People drinking too much alcohol can lead to violence in the street and at home, breaking up families and rendering town centres no-go areas for the many people. It places a huge burden on families, communities, local councils, the police and the wider criminal justice system.

In Leicestershire County and Rutland there are approximately 94,304 binge drinkers, 107,672 hazardous drinkers and 21,910 harmful drinkers. Levels of alcohol related hospital admissions are lower in Leicestershire than on average nationally. However, admission rates in Oadby and Wigston do exceed the national average.

Definitions

Hazardous drinking - when a person drinks over the recommended weekly limit (21 units for men and 14 units for women).

Binge-drinking - an excessive amount of alcohol in a short-space of time – 8 units in a day for men, 6 units in a day for women.

Harmful drinking - when a person drinks over the recommended weekly amount and has experienced health problems directly related to alcohol.

HOW WE PLAN TO ENCOURAGE PEOPLE TO DRINK SENSIBLY

Our plan to tackle excessive drinking is a combination of key messages and more targeted interventions across both city and county – in recognition of the ebb and flow in and out of the city and county's pubs, city and town centres.

Encourage

Not every person who exceeds recommended daily limits, who may be classed as either binge, hazardous or a harmful drinker need direct, personal intervention. Leicestershire's strategic health assessment points to a wealth of evidence that concludes that early, brief, targeted advice reduces the risk of significant harm.

Universal campaigns, nationally and locally, can assist. In addition, specifically targeted campaigns such as those that have been run in Hinckley and Coalville (see below) are also an effective means of relaying the right message.

Empower

A number of different partners and agencies will come into contact with excessive, problem drinkers for whom a specific basic one-to-one advice may be enough to curb their excessive drinking. Additional resources are being allocated to training staff who may be able to give such advice – such as police custody staff, social workers, outreach workers and volunteers. The aim would be to reduce the number of alcohol related admissions by intervening at an early enough stage to prevent the need for hospital treatment.

We will also be making more targeted interventions for groups of people for whom excessive drinking poses a particular risk to themselves and others – for example, young offenders. These groups will be provided with more intensive programmes of counselling and support.

Environment

Similar to the work we are doing around reducing the supply of untaxed, illegal tobacco and the sale of tobacco to under 16's, Leicestershire Together are supporting a project which tackles problems with the supply of alcohol – namely selling alcohol to under 18's directly or via proxy adults.

We are supporting the creation of additional staff who will seek to enforce trading standards relating to alcohol. Aligned with targeted communications in specific locations and schools, the aim of the approach is reduce both supply and demand.

Priority Target

We aim to reduce the number of young people who are classed as misusing either drugs or alcohol from 14.3% to 11%.

Progress	Base (2008)	08/09	09/10	10/11
	14.3%	14.3%	12.6%	11%

We aim to slow the increase in admissions for alcohol related harm per 100,000 population from 133 (from 2008/09 to 2009/10) to 108 (from 2012/13 to 2013/14).

Progress	2009/10	10/11	11/12	12//13	13/14
	133	116	113	110	108

TOTAL PLACE**Drug and Alcohol Abuse: How much and how effectively do we spend public money tackling this problem**

Drug and Alcohol Misuse is an issue, probably more than any other, where the service pressures and costs fall across a range of agencies in a wide range of settings - acute health services, Accident and Emergency, police cells, unrest in city and town centres and neighbourhoods, family problems, mental health problems, crime and unemployment.

What alcohol and drug misuse costs

- £16 million is estimated to be spent by Leicester & Leicestershire Health Service to deal with alcohol related issues.
- Alcohol also comes at a cost in terms of crime - local estimates of £80 million cost for violent crime.
- It is estimated that residents of Leicester and Leicestershire spend over £120 million on alcohol.
- The social and economic cost of drug abuse in terms of crime, absenteeism and sickness is in excess of £20 billion nationally.

Developing Ideas

- Reducing the availability of alcohol, especially for young people. Introduce a stronger consistent approach to licensing. National action is being sought around minimum pricing and the cessation of loss leading alcohol promotion. We would also be seeking more stringent sanctions against the sale of alcohol to under 18's.
- An effective prevention agenda, particularly for young people, through imaginative social marketing. Explore opportunities to promote more positive 'normative' behaviours of young people as well as the negative affects of alcohol & drug misuse.
- Providing early, effective and best value, screening and appropriate interventions to help early stage misusers, before they progress to more problematic misuse, (i.e. through primary care, schools, job centres, housing, benefit agencies etc).
- Pilot a multi-agency emergency department to, primarily, treat the effects of street based alcohol misuse. Its' aim is to provide a specialist, more appropriate service targeting substance misuse more widely as well as the immediate health need.
- Recover some of the cost of dealing with misuse. Explore opportunities to recoup some of the significant costs of misuse from those responsible.

Encouraging responsible drinking via our mobile



Every home has a TV and radio; every major road a billboard; and now every coat pocket too has a medium through which public messages can be relayed.

Community Safety Partnerships in Hinckley and Bosworth and North West Leicestershire have taken advantage of the opportunities that Bluetooth technology has to offer. With support from Leicestershire County Council and the county's Drug and Alcohol Action Team, messages around safe and responsible drinking have been sent to drinkers in Hinckley and Coalville town centres using Bluetooth technology.

Whether the message around responsible drinking hit home is yet to be established but the medium used was welcomed. Over a one month period around 17% of all Bluetooth devices detected in the pilot area accepted the messages they were sent. People surveyed as a follow up were generally supportive of the approach.

When a Bluetooth device detects another one nearby it automatically links up to it. Most phones and laptops have Bluetooth technology. Bluetooth boxes connect to Bluetooth enabled phones within a designated radius and send an alert asking if the user would like to receive a message from the name set on the box. If people agree, then the message downloads to their phone.

Messages can incorporate animated images, video clips, and sound, although more complex messages can affect how quickly the message transfers to the recipient's phone.

IMPROVED MENTAL HEALTH AND EMOTIONAL WELL BEING

THE ISSUE

Mental ill health affects us all. Whether it is ourselves, a family member or a friend, lots of us will experience poor mental health at some point in our lives. Good mental health and emotional well being is core to developing a healthy lifestyle and promoting healthier communities.

Some groups experience poor mental health more than others – for example, the socially excluded, black and ethnic minority communities, and older people. Excessive drinkers, people with learning disabilities or chronic physical health conditions, older people, refugees and people from black and minority ethnic populations, lesbian, gay, bisexual and transgender people –also all have a higher propensity to developing mental ill health.

North West Leicestershire has higher admission rates for mental health conditions. As one of the most deprived localities within Leicestershire, this underlines the link between deprivation and poor health.

This propensity is not limited to these demographic or diagnostic distinctions. For example in Leicestershire in 2008, 46,403 people are estimated to have suffered sexual abuse and rates of mental illness among this group is also likely to be significantly higher. Similarly, carers, children in care, prisoners, people in debt, even people who live alone are more prone to suffer from mental health problems.

It is estimated that just fewer than 100,000 people suffer from mental illness in Leicestershire. Potentially, however this number is significantly larger – the number of people who seek treatment for a mental illness is thought to be considerably smaller than those who have a mental illness.

To illustrate this discrepancy, for example it is estimated that 8,800 children aged 5-16 in Leicestershire, Leicester City and Rutland (LLR) have a mental illness. Across that administrative area approximately 184 people are registered with the mental health services. A considerable proportion of children with mental health problems are therefore not receiving formal mental health support. Though many will be receiving support in schools, communities and within families.

Poor mental health in childhood can affect intellectual and emotional development, educational attainment and the ability to develop relationships. It is linked to an increased risk of involvement in crime and substance misuse. As children move into adulthood, poor mental health can also impact on their chances of securing employment, having a settled place to live, and eventually their own parenting skills.

Our population is growing older. Among older people, mental illness is more prevalent. It was estimated that in 2008, 7,438 people had dementia (a figure expected to double in the next thirty years). Often such conditions are identified at a late stage and even then frequently inadequately treated.

WHAT WE ARE DOING TO IMPROVE MENTAL HEALTH

The Health and Well Being Partnership's aim is to promote emotional well being to reduce the risk of mental ill health. Promotion and prevention takes places in a variety of settings: some communal such as schools and the workplace, some are intimate such as at home or in a relationships and it takes place across all age groups.

Encourage, Empower and Environment - Young People

We are promoting emotional well being in schools, through GPs, Connexions, and Health Visitors. The aim is two fold: to encourage and educate young people on the social and emotional aspects of learning and life; and to empower those people who work with children to make an early intervention to prevent an escalation of mental ill health.

The majority of this work is carried by universal children's services, also known as Tier 1 services. There are three programmes that are being used to promote and educate young people on emotional well being – the Child Health Promotion Programme, a Healthy Schools Programme and the more specific, Social and Emotional Aspects of Learning (SEAL) programme.

The Child Health Promotion Programme is a preventative programme that covers pregnancy and the first five years of a child's life. There are emotional and psychological aspects to this programme such as supporting and increasing a parent's knowledge of the emotional well being of their child and the factors that influence this.

The National Healthy Schools Programme also includes a strong emotional and well being component. For example, it has helped schools in Leicestershire facilitate greater pastoral care and access to counselling services.

The Social and Emotional Aspects of Learning (SEAL) focuses on five social and emotional aspects of learning: self-awareness, managing feelings, motivation, empathy and social skills. Supporting materials help children develop skills such as understanding another's point of view, working in a group, sticking at things when they get difficult, resolving conflict and managing worries. SEAL is designed around a whole-school approach using assemblies and follow-up activities across all areas of the curriculum and for each year group.

All of this work is included in more detail in the multi-agency Children And Young People's Emotional Well-Being & Mental Health Strategy which runs until 2012.

Empower

Increasing Access to Psychological Services empowers people to access services which can treat or prevent more serious mental ill health. In Leicestershire, the NHS is striving to improve access by bringing down waiting times for talking therapies, such as cognitive behavioural therapy.

A new service called Good Thinking was launched in September 2009 and aims for an experienced therapist to call people within 72 hours of their referral from their GPs, with face to face treatment potentially starting within two weeks.

The referral scheme is targeted at people GP's identify as suffering from: depression, anxiety, panic, trauma or obsessive compulsive disorders, phobias and stress.

Environment

Working alongside the Leicestershire Partnership Trust, we want to challenge the prejudices about mental illness asking people to 'think again' and re-assess their perceptions and attitudes towards mental illness and learning disability, especially in the workplace.

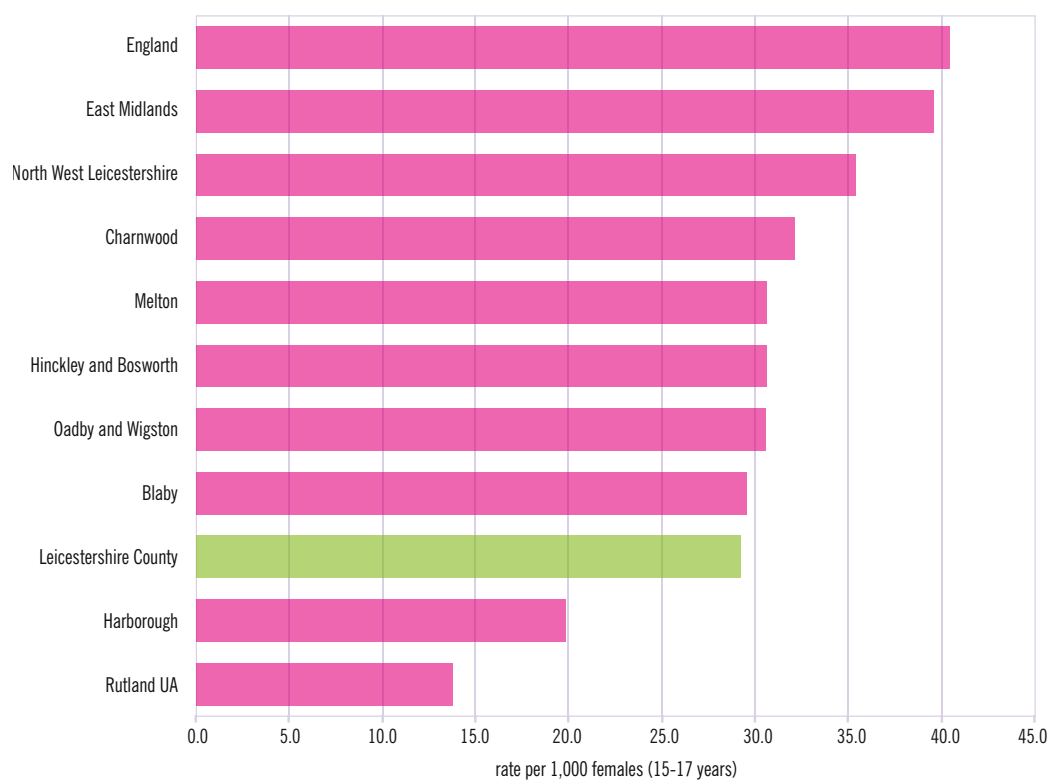
Organisations across the Partnership, which include some of the largest employers in the county, have implemented refreshed policies around dealing with both mental health and tackling work related anxiety and stress. Alongside a raft of national promotional campaigns, including the recent 1 in 4 campaign, it is hoped that these policies will promote a greater understanding among employers and employees alike.

Priority Target				
We aim to ensure that by 2011 just under three quarters of children have someone, professional or personal, that they can talk to about emotional issues.				
Progress	Base (2008)	08/09	09/10	10/11
	63.8%			

We aim to increase the percentage of people with anxiety and depression receiving Psychological Therapies by 1.33% by 2013/14.						
Progress	April 2009	2010	2011	2012	2013	2014
	1.21%	1.25%	1.5%	2%	2.25%	2.5%

SEXUAL HEALTH

Under 18 conception rate (2004-2006).



Source Page 50 Leicestershire **Joint Strategic Needs Assessment** 2009

THE ISSUE

Poor sexual health has a wide and sometimes severe clinical and psychological impact. It can be the consequence of a lack of knowledge around safe sex, a lack of access to appropriate services or as a result of sexual coercion and abuse. It can also result in:

- Unintended pregnancies and abortions.
- High teenage pregnancy rates with the risk of poor educational, social and economic opportunities for teenage mothers and fathers.
- Sexually Transmitted Infections (STIs) and HIV.
- Pelvic inflammatory disease, which can cause ectopic pregnancies and infertility.
- Cervical and other genital cancers.
- Hepatitis, chronic liver disease and liver cancer.

Leicestershire has a lower rate of teenage pregnancies than the national average, but within the county there is a significant disparity. The under-18 conception rate in North West Leicestershire is 35.4 per 1000, whilst in Harborough the rate is considerably lower at 19.8 per 1000.

Between 1995 and 2007, there was an increase in the number of new cases of STIs at Loughborough sexual health clinic. This increase is largely due to an increase in Chlamydia. In 2007/08 NHS Leicestershire County and Rutland screened 12,288 people aged 15-24 for

Chlamydia. This equates to 14.3% of 15-24 year olds.

There were a total of 183 HIV positive Leicestershire County and Rutland residents seeking treatment in 2007, a 121.7% increase from 2002, a trend which is likely to continue for two reasons. Diagnosis of HIV infection in England is increasing and HIV-related deaths are decreasing since the introduction of effective combination antiretroviral therapy.

WHAT ARE WE DOING TO IMPROVE SEXUAL HEALTH

The Health and Wellbeing Partnership's priority is to improve the sexual health of young people. We are aiming to reduce the number of teenagers who become pregnant and increase the number of 15-24 year olds who are screened for Chlamydia. The approach to tackling young people's sexual health fuses **encouragement, empowerment** and providing the right **environment** in the delivery of quality advice and services.

A key component in achieving both of these ambitions is the development of a young person's confidence and self esteem. Research shows that when young people have access to reliable, confidential, trusted information and support services, they are better equipped to make positive choices about all aspects of their lives and to enjoy positive, happy outcomes. This includes their access to education and employment opportunities, positive mental health and happy, positive relationships.

By offering a range of sexual health and contraceptive services in accessible locations, we are enabling young people to increase their confidence and self esteem thus impacting positively on their life chances.

We are continuing to support the Community Safer Sex Project (CSSP), which already delivers advice in over 100 different locations across the county, to an estimated 8000 young people per year. The project's aim is to improve young people's access to a wider range of sexual health services and contraceptive methods and to ensure strong delivery of sex and relationship education in schools and in other more, informal settings. We are also working with a range of healthcare settings including General Practices and Pharmacies to increase sexual health and contraception services available in these settings and to encourage development of young people friendly environments in line with 'We're Welcome' guidelines.

Key to the delivery of this education is to embed sexual health training within the workforce development strategy for people who work with children and young people.

We are also supporting a more detailed mapping of county provision to reveal gaps in coverage, so that we can equip a selection of more popular sites to deliver Chlamydia screening and offer contraception advice.

The Leicestershire Community Strategy identifies that:

“...the people of Leicestershire want young people to have access to co-ordinated information, advice and support to enable them to make informed decisions at key points in their life, for areas such as lifelong learning, employment and skills.”

During the “Young Persons Citizens’ Jury event run at Quorn Hall (19th and 20th November 2002), the participants identified a need for a “Countywide portal website”. In order to achieve this, a commitment was made to develop “a website with young people providing information and links that are young people friendly”, co-ordinated by a webmaster.



The initial lead for this project was undertaken by Oadby & Wigston Borough Council, who approached a professional web design company (Cuttlefish) to produce “The Jitty”. Leicestershire County Council is now leading this project with the support of a number of organisations.

The aim of the web portal development was to produce a site that served as a gateway enabling young people to access information relevant to the issues that concerned them. This information would be from official sources (government agencies etc), and from the peers of the intended audience. It was established in 2005.

By the Summer of 2007, on average, the Jitty had just over 20,000 visits a month, and has an extremely lively and friendly chat forum with a number of users from around the County of Leicestershire, as well as some from around the UK.

TEENAGE PREGNANCY - CHARLOTTE'S STORY

Posted by Jemma on Thu, 30 Apr 2009.

Teen pregnancy figures have risen over the years and in Leicestershire alone around 300 girls fall pregnant every year. It's not all fun and games as one young mum tells us her personal account of becoming pregnant in her teens. The following story includes real facts but the names have been changed to protect the identity of everyone involved.

When Charlotte was just 17 she had a steady relationship with her boyfriend Tom. They had been together eight months when they discovered some shocking news. She was pregnant. The first signs came when Charlotte experienced severe morning sickness and her period was late. Her initial reaction was to ignore the signs and pretend it wasn't happening to her. An unplanned pregnancy can be a tough thing to deal with especially, in Charlotte's case, at a young age. Although Charlotte had finished her studies, so didn't have to worry about interrupting them, she had plans to pursue a career.

Charlotte said: “I always imagined I'd have a career before a child but I guess I'll have to do it the other way round”.

All kinds of emotions washed over Charlotte's life at this point. Not only does a child affect our life but it affects those around we too. If we are a young person who still lives at home with parents we would have to think about whether our family would support us, or whether we would have to move out and support ourselves. The thought of bringing up a child was so difficult to imagine and then of course came the problem of telling her mum and family. Charlotte was so baffled by the concept of bringing up a child that she even suggested to Tom that she should have an abortion. Tom didn't agree with having an abortion and after talking it through they decided to have the baby. Charlotte and Tom first broke the news to Tom's mum Jacky.

Jacky said: “I was shocked. I wasn't angry at all, just shocked”.

Charlotte's own mum reacted pretty much in the same way and since the birth of their baby boy Joseph both grandma's have been supportive throughout and helped with the childcare duties. When Joseph was about one year-old Charlotte and Tom planned to have another child together and when Charlotte was 18 she fell pregnant again. Charlotte now aged 19 has a 20month old and a newly born 5 week old boy called Ben. During the pregnancy of Ben, Charlotte and Tom split up due to arguments over parenting techniques. The two could not work out their differences and decided to part. No matter what age, having a child can cause strain on most relationships and it takes a lot of cooperation and compromising to deal with everyday issues that crop up. Both Charlotte and Tom take responsibility of the children and care for them equally, which the two children are lucky to have because some parents would handle the stress of a break up quite the opposite and end up alienating one another from their children. Charlotte now lives on her own and is currently unemployed; however, she hopes to go back into some kind of studies to become a teacher in the future.

Here is some advice from Charlotte for other young mums:

- We have to have lots of patience. There are times that can be really stressful and we might feel like giving up but we have to just pull ourselves together.
- We can no longer just think about our own needs. We now have responsibilities.
- One bonus of being a young mum is that we can be more active with our children.

Any young people that think they might be pregnant or are thinking of planning for a child should seek advice. There are many support groups throughout Leicestershire, which can offer help and guidance on a number of things including contraception, pregnancy tests and so on. Having a child in our teens can alter our life plan in an instant. It is not a decision to make lightly and one, which must be discussed by all involved including the father, our own parents and our doctor.

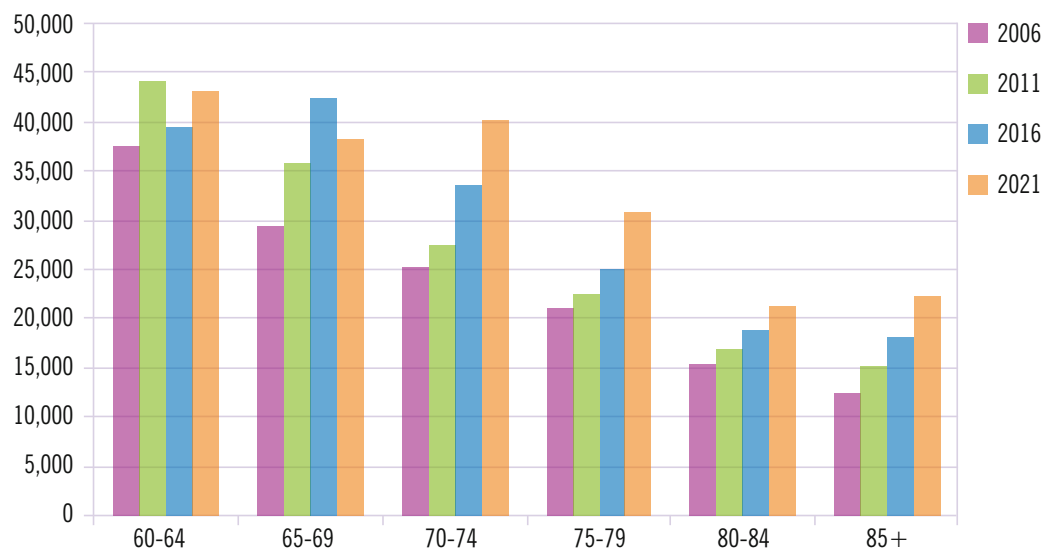
OUR TARGETS

In response to the increasing rates of sexually transmitted infections nationally and concerns about rates of unintended pregnancies, particularly for teenagers, the Government has set the following challenging key targets:

- Chlamydia screening available across England with 25% of 15 – 24 year olds taking up a screen in 09/10.
- Maintain access to genito urinary medicine (GUM) clinic within 48 hours of contacting a service.
- Reduce under 18 conception rate by 2010.

OUR HOMES, OUR COMMUNITIES, OUR INDEPENDENCE

Projected Age Spread 60-85+ between 2006-2021



Source: Office for National Statistics 2006-based projections

Source Page 8 Leicestershire **Joint Strategic Needs Assessment** 2009

THE ISSUE

Between now and 2020, there will be a 40% increase in the number of people who are over 65. If we don't alter the proportion of vulnerable people or frail, older people who require residential care or very particular, avoidable care, the long term burden on our public services could become critical. A growing, ageing population also creates a significantly greater and particular demand for housing which need to be met in the long term.

First, there are those adults who are vulnerable to losing their independence, such as people who are already cared for informally and older people. We need to **encourage and prevent** this independence from being compromised. For example, in 2008, a total of 2,281 older people were admitted to hospital with falls related injuries in Leicestershire and Rutland, a figure which is predicted to rise to 3,803 by 2025. Good nutritional care and adequate hydration can dramatically reduce the prevalence of falls as well as improving general health and increasing resistance to illness, trauma or surgery. Under nourishment and dehydration are again linked to poverty and social isolation.

Second, there are those adults who are in receipt of low-level early **intervention** and support. This **empowers** people to maintain their independence and avoid long-term, residential care. In Leicestershire, there are just over 3700 residents receiving such support.

Third, our ability to maintain our independence is massively determined by the community and the house we live in – our living environment.

WHAT WE ARE DOING TO MAINTAIN INDEPENDENT LIVING

How we run our health and social services is going to change, and central to this change will be developing long term approaches to keeping people healthy, fit and active. We need people to stay healthy and independent for longer. Hence, there is a new approach to maintaining independence. It is personal, particular and targeted. It seeks to empower and

above all, provide the right environment, in which a person can maintain their independence.

ENCOURAGE

Falls are a common and often avoidable trigger into someone requiring long-term care. A fall can happen at any time; it can prompt or be prompted by a crisis, a pinch point in the well being of an older person that the Partnership is striving to avoid through a variety of programmes.

Leicestershire's Falls Programme is a programme which aims to provide a comprehensive screening and treatment cycle for those at risk from suffering falls in their home. The Programme is developing a six week programme of tailored physiotherapy and occupational therapy as well as educating older people to maintain their independence and increase confidence.

There is a recognised need to provide more generic information about how older people can access services. Leicestershire Together, via the Older People's Partnership, are supporting a project which will seek to establish how best to relay information and receive feedback. This should result in public services providing the right kind of information, through the right medium, in a timely manner.

Our target

Leicestershire Together have pledged that by 2011 1 in 3 of older people will feel that they receive the support they need to live independently at home.

Preventing falls through your diet

Good nutritional care, including adequate hydration, is a key national priority that is being sought in Leicestershire. We are **encouraging** better eating by raising awareness among all with appropriate and user friendly guidance. We are **empowering** older people through nutritional screening and advice programmes and widening training among health and care professionals to increase their awareness of how to improve diets. And through schemes such as First Contact (see below) and further inspection and regulatory reform, we are hoping to improve the **environment** in which people live.

EMPOWER

Once someone is already vulnerable, the key is to limit that vulnerability as much as possible in order to maintain a level of independence. The Supporting People Programme is well established. A bespoke support plan is agreed between carers and the cared for. The Programme is overseen by Adult Social Care and Housing Officers at Leicestershire County Council and the seven district councils together with partners at NHS Leicestershire & Rutland and Probations service but its links to Staying Healthy agenda are obvious.

Leicestershire Together are committed to ensuring that over 99% of vulnerable people are supported to maintain independent living with housing related support.

We are also making it a priority to support carers by offering them a self-assessment and, then offering in response, appropriate advice and support. This support can include providing staff to allow for regular breaks or a holiday.

Leicestershire Together has targeted a 3% increase in the number of carers receiving a needs assessment.

ENVIRONMENT

The environment which will most influence our ability to maintain independence is ultimately our home. Increasingly however public services are recognising the importance not just of our home but the community within which this home resides.

Our home

The responsibility for improvement existing housing stock and providing the right type of new housing resides away from the Health and Wellbeing Partnership. However, this does not mean there is not a huge amount of work being done by all relevant partners to plan and implement the necessary improvement and change. Leicestershire Together are addressing two particular issues.

The first is bringing up to standard public and private sector housing. Leicestershire Together recognises that at present too many existing properties in the county that are in poor condition and do not meet minimum standards around heating and facilities. And too many privately owned properties are not energy efficient. This results in unnecessarily high heating costs which can affect the most vulnerable members of the community. Councils are locating those non-decent homes occupied by vulnerable people and attempting to bring these homes into line with minimum standards. A “Decent Home” standard is one which is wind and weather tight, warm and has modern facilities. Local Authorities are aiming to ensure that 70% of vulnerable households in the private sector are living in decent homes by 2010.

The second issue is to meet the demand for adaptations to homes where people need support to allow independent living. Currently the time it takes for these adaptations to be completed is too long.

Our community

Social capital is a term used to describe the strengths and structures within communities, including friends and family networks, which individuals and communities call upon for their mutual benefit. Creating such networks can be essential in providing support and maintaining the independence of vulnerable people.

Leicestershire Together are investing heavily on developing these networks, helping to make communities strong and sustainable and more self reliant. We want healthy, confident people living in healthy, wealthy communities, where volunteering and employment play key roles.

One example of ‘social capital’ which is increasingly proving popular across many areas of the county is the area of ‘inter-generational activities’ – i.e. encouraging and supporting older and younger generations to work together in shared activities and goals, on a voluntary basis.

For example, this could be working together on a gardening / allotment project; a history project; an IT-based project; a healthy eating / living project (cooking / physical activity); or any activity which promotes creativity to unite younger and older people in a common purpose.

Leicestershire Together are committed to building stronger communities and have set the following targets to measure success against this ambition. By 2011

- The percentage of people who are from different backgrounds that get well on together will be over 83%
- The percentage of people who feel that they belong to their neighbourhood will be over 62%
- The percentage of people who feel that they can influence decisions locally will be just under 33%
- Participation in regular volunteering increases to 28%

First Contact

Falls are accidents. Like all accidents they are avoidable. However, they are avoidable for many reasons which extend well beyond the obvious, immediate and particular circumstances in which they occur and are linked to a variety of factors.

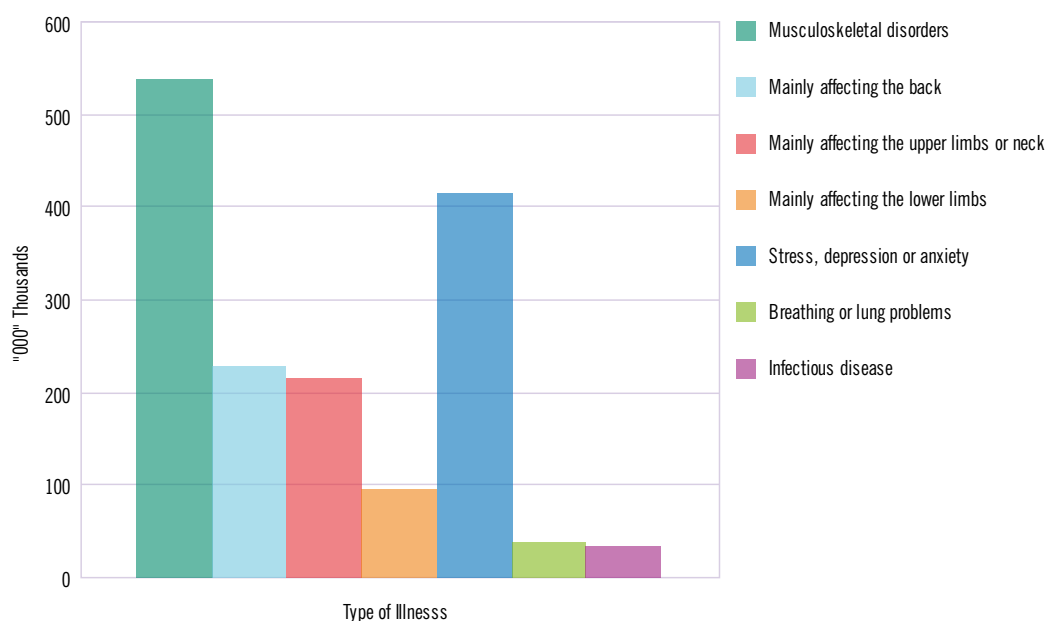
A severe fall has severe impacts on a person's independence and confidence. A single fall can render someone permanently dependent and can trigger a shift into a relatively inactive lifestyle and a significant change in housing needs. The idea behind First Contact – Leicestershire is simple – to avoid such accidents by providing support when its needed but before its asked for.

Initially, people aged 60 and over will be able to access a range of low level, preventative services through a single point of contact. One simple checklist, completed by a worker or volunteer from a partner agency, enables a person to receive vital services to stay safe and independent in their own home. People will receive a whole host of services without the trouble of contacting all the various different organisations themselves.

First Contact is designed to promote independence, well-being and where appropriate, active ageing by identifying people's needs and enabling access to services, particularly for those identified as 'isolated' or 'difficult to reach'. The project offers a more co-ordinated and shared response which is more helpful and more caring than a number of ad-hoc visits and demonstrates true partnership working. It should ultimately reduce overall costs, but more importantly it has the potential to prevent accidents and promote independence and well-being.

OUR WORKPLACES

Self Reported Work Related Illness 2008/09



THE ISSUE

The costs of working-age ill-health to Britain are extremely large. It is estimated that the annual economic cost of ill-health in terms of working days lost and worklessness is over £100 billion. The Confederation of British Industry (CBI) estimated that last year 172 million working days were lost due to absence, costing employers £13 billion. Against a backdrop of a recession both taxpayers and businesses can ill afford to bear these often avoidable costs.

The cost of ill-health should not be measured in pounds and pence alone. There are about 2.6 million people on incapacity benefits and 600,000 people make a new claim each year; of these, half had been working immediately before they moved onto benefit. Once out of work, it is likely that an individual's health will worsen and they and their families are more likely to fall into poverty and become socially excluded. Therefore, health-related inactivity prevents individuals from fulfilling their potential, causes needless financial hardship, and damages the communities in which people live.

About 6 million people in the UK who are in work say that they have a long-standing health condition. Evidence suggests that by following basic healthcare and workplace management most people with common health conditions can be helped to return to work.

WHAT WE ARE DOING TO IMPROVE WORKPLACE HEALTH

We are targeting both an improvement in the health of workers and the environment in which they work. Health promotion and well being campaigns in the workplace have been shown to improve productivity and bring financial benefits to organisations. They have also resulted in a reduction in sickness and absenteeism of between 12-36%. As mentioned above there is an emphasis on improving the perception of mental illness in the workplace and among employers.

ENCOURAGE AND EMPOWER

Partner agencies are working together through the Health Improvement Leicestershire Group (HILG) to develop and co ordinate the Healthy Workplace Award which encourages large

employers to promote the health of their workforce (see case study below).

The group also co ordinates health promotional activities throughout the County to maximise the effect of these campaigns.

ENVIRONMENT

The regulatory services throughout the County work together on the National Fit 3 programmes (Fit for work, Fit for life and Fit for tomorrow).

The Fit 3 campaign aims to deliver a 6% reduction in the incidence rate of cases of work related ill health. It covers occupational health issues (e.g. contact dermatitis, asbestosis and occupational asthma) as well as injury reduction (e.g. slips and trips, falls and workplace transport).

An annual national programme is developed by Health and Safety Executive and locally relevant campaigns are undertaken from this programme. The Fit3 topic issues are focussed on when carrying out proactive inspections and there are joint partnership projects and campaigns which are coordinated by the Leicestershire & Rutland CIEH Health and Safety Group which includes a representative from the health and Safety Executive.

Priority Target

A 6% reduction in the incidence rate of cases of work related ill health.

A Healthy Workplace – the Health and Well Being Award



The Healthy Workplace Award is a partnership project between Leicestershire Local Authorities, Active Together co-ordinators across the county, NHS Leicestershire County and Rutland Dietetic Services and NHS Leicestershire County and Rutland – Health Improvement Specialists.

The aim of the award scheme is to recognise the importance of a healthy workforce and promote the health of people employed throughout Leicestershire. The programme is aimed at organisations with 50 or more members of staff with the aim of showing improvements over the two year programme.

It covers four key areas Food Safety, Healthy Food Options, Smoking Cessation and Encouragement of Physical Activity.

Food Safety -Must be a three star business, If hasn't been inspected for last 6 months EHO to revisit to check maintenance of standards.

Healthy Food Options- Includes users in decisions made about food provision and promotion, provides and promotes healthy food choices. Provides incentives for employees to make healthy food choices, provides relevant healthy food information, undertakes activities / events to promote healthy food choices and supports breast feeding.

Smoking Cessation- Organisations can demonstrate that they have a comprehensive written no smoking policy in operation. Support for employees who would like to stop smoking is provided through the NHS Smoking Cessation Services.

Encouragement of physical activity- Evidence of an Organisational Physical Activity Action Plan

There are currently 6 organisations who have achieved the award throughout the county with many more that are working with the partners to adopt the standard. Feedback from these organisations confirms that the award has enabled them to promote health in the workplace and there has been a very positive response from staff.

APPENDIX A

WHO IS RESPONSIBLE FOR DELIVERING OUR PRIORITIES?

The Health and Wellbeing Partnership is responsible for delivering the outcomes we have outlined in this strategy. The Partnership is chaired by Dr Peter Marks, Leicestershire and Rutland's Director of Public Health in the NHS.

The people and projects we have outlined are monitored by a series of politically agreed outcomes (as set down in Leicestershire's Sustainable Community Strategy) and targets (as set down in Leicestershire's Local Area Agreement). The Community Strategy is our commitment to the people of Leicestershire; our local area agreement is our contract with the Government on how we intend to deliver on this commitment.

Below are set of tables outlining what these commitments are, who leads on achieving these commitments and what these commitments are.

Health Inequalities

Theme: A healthier Leicestershire Outcome: Improved health outcomes for people in Leicestershire, including a reduction in health inequalities Lead Partnership: Health and Wellbeing Partnership Board		Board Champion: John Gant (Chairman, NHS Leicestershire County and Rutland) Executive Officer: Catherine Griffiths , Chief Executive, NHS Leicestershire County and Rutland	
Sub Outcome	Outcome Lead	LAA Indicator	Places reference
6.7.1 - Vulnerable people and areas experience less health disadvantage	Dr Peter Marks, Director Public Health & Dr Tim Davies, NHS Leics & Rutland	NI121 - Mortality rate, circulatory diseases under 75	Blaby Central; Blaby North; Blaby South; Market Harborough; Lutterworth; Hinckley Area; Markfield, Groby and Ratby; Melton Mowbray; Coalville;

Mental Health

Theme: A healthier Leicestershire Outcome: Improved mental health and well being Lead Partnership: Health and Wellbeing Partnership Board and Children and Young People Board (for 6.8.3)		Board Champion: John Gant (Chairman, NHS Leicestershire County and Rutland) Executive Officer: Catherine Griffiths , Chief Executive, NHS Leicestershire County and Rutland	
Sub Outcome	Outcome Lead	LAA Indicator	Places reference
6.8.1 - Improved mental health and wellbeing in workplaces	Helen Coombes , Director of Inclusion and Partnerships, Leicester Partnership Trust		Blaby Central; Blaby North; Blaby South; Markfield, Groby and Ratby; Coalville; Ashby; Valley
6.8.2 - Vulnerable people have better mental health			
6.8.3 - People get more help to meet their own mental health and wellbeing needs (see also 6.5.5)	Frances Craven - CYPS Assistant Director Targeted Services Helen Coombes , Director of Inclusion and Partnerships, Leicester Partnership Trust	NI 50 - Emotional health of CYP measured through TellUs survey	
6.8.4 - There are more volunteers to support people with mental health problems	Michelle Skinner - LeicesterShire Volunteer Centre Network Co-ordinator		
6.8.5 - Professionals have a greater understanding of mental health and well being issues, including the stigma attached to it	Helen Coombes , Director of Inclusion and Partnerships, Leicester Partnership Trust		

Physical Activity

Theme: A healthier Leicestershire Outcome: More people are physically active at a level which makes them healthier Lead Partnership: Health and Wellbeing Partnership Board and and Children and Young People Board (for 6.9.1 – NI57) via CSCOPS, LLR PA and Health Alliance, Leicester-Shire & Rutland Sport		Board Champion: John Gant (Chairman, NHS Leicestershire County and Rutland) Executive Officer: Catherine Griffiths , Chief Executive, NHS Leicestershire County and Rutland	
Sub Outcome	Outcome Lead	LAA Indicator	Places reference
6.9.1 - Improved and more accessible facilities and opportunities for physical activity	Mark Braham , Senior Public Health Manager, NHS Leicestershire Chief Cultural Officers 7 District /Boroughs and County Council(s) and supported by Sara Johnson - Leicester-Shire & Rutland Sport	NI8 - Adult participation in sport	Blaby Central; Blaby South; Blaby North; Loughborough East, North West and West; Bradgate and Rothley; Montsorrel and Birstall; Syston, Thurmaston and Wreak Villages; Quorn, Barrow, Sileby and the Wolds: Market Harborough; Broughton Astley and Rural West; Mid Rural, Rural East; Hinckley Area; Markfield, Ratby and Groby; Bosworth; Melton Mowbray; Melton West; Belvoir; Coalville; Ashby; Valley; Oadby; Wigston; South Wigston
	Lesley Hagger - CYPS Assistant Director Strategic Initiatives	NI 57 % young people involved in 5 hours of sport per week	
6.9.2 - People with long-term conditions and other vulnerable people are assisted to access physical activity	Mark Braham , Senior Public Health Manager, NHS Leicestershire		

Obesity

Theme: A healthier Leicestershire Outcome: Obesity is reduced and there has been an increase in healthy eating in all age groups Lead Partnership: Health and Wellbeing Partnership & Children and Young People Board (for 6.10.2 – NI56)		Board Champion: John Gant (Chairman, NHS Leicestershire County and Rutland) Executive Officer: Catherine Griffiths , Chief Executive, NHS Leicestershire County and Rutland	
Sub Outcome	Outcome Lead	LAA Indicator	Places reference
6.10.1 - Families make healthy food choices and eat for health	Julian Mallinson Consultant in Public Health, NHS Leicestershire	NI 56 – Obesity in children Year 6	Blaby Central; Blaby North; Blaby South; Hinckley Area; Markfield, Groby and Ratby; Melton Mowbray, Melton West; Coalville; Ashby; Valley
6.10.2 - Fewer children are obese			
6.10.3 - Healthy food choices are available on workplaces			

Smoking

Theme: A healthier Leicestershire Outcome: Fewer People Smoke Lead Partnership: Health and Wellbeing Partnership Board and Children and Young People Board (for NI123) via Leicestershire Tobacco Control Partnership		Board Champion: John Gant (Chairman, NHS Leicestershire County and Rutland) Executive Officer: Catherine Griffiths , Chief Executive, NHS Leicestershire County and Rutland	
Sub Outcome	Outcome Lead	LAA Indicator	Places reference
6.11.1 - Fewer women smoke during pregnancy	Julian Mallinson, Public Health Consultant, NHS Leicestershire	NI 123 16+ current smoking rate prevalence	Blaby Central; Blaby North; Blaby South; Hinckley Area; Markfield, Groby and Ratby; Melton Mowbray; Coalville; Ashby; Valley
6.11.2 - Vulnerable people and people in priority areas get greater support to give up smoking			
6.11.3 - Increase number of smoke free homes			

Sexual Health

Theme: A healthier Leicestershire Outcome: Improved sexual health, particularly for young people Lead Partnership: Health and Wellbeing Partnership Board & Children and Young People Board via Leicestershire Teenage Pregnancy Partnership Board		Board Champion: John Gant (Chairman, NHS Leicestershire County and Rutland) Executive Officer: Catherine Griffiths , Chief Executive, NHS Leicestershire County and Rutland	
Sub Outcome	Outcome Lead	LAA Indicator	Places reference
6.12.1 - Improved access to a range of appropriate support services	Tony Mulhearn, CYPS Assistant Director Universal Services	NI112 - Reduction in the rate of teenage conceptions	Blaby Central; Blaby North; Blaby South;
6.12.2 - Referrals to drug and alcohol services are increased (drugs and alcohol are factors which increase risk taking behaviour)			

Fewer accidents in the home and workplace

Theme: A healthier Leicestershire Outcome: Fewer accidents in the home Lead Partnership: Health and Wellbeing Partnership Board		Board Champion: John Gant (Chairman, NHS Leicestershire County and Rutland) Executive Officer: Catherine Griffiths, Chief Executive, NHS Leicestershire County and Rutland	
Sub Outcome	Outcome Lead	LAA Indicator	Places reference
6.13.1 – Health and Safety co-ordination and information across a range of sectors is improved	Ros Speight, Business Support Manager, Adult Social Care, LCC (Accidents in the Home) Norman Proudfoot, Harborough District Council (Workplace)		

APPENDIX B

KEY DOCUMENTS

Source of information

Leicestershire's Joint Strategic Needs Assessment 2009 - Overall

Specialist chapters are available online and cover the following topics:

- Children's Health and Well Being
- Housing
- Learning Disabilities
- Adult and Older Person's Mental Health
- Older People
- Young Disabled Adults
- Offender Health
- Staying Healthy

Key Strategic Documents

Leicestershire's Sustainable Community Strategy

Leicestershire's Second Local Area Agreement

NHS Leicestershire and Rutland's Approach to World Class Commissioning

Children and Young People's Plan 2008-2011

Physical Activity Strategy for Leicestershire and Rutland 2009-2013

Ageing Well Strategy 2008-2011



If you require this information in an alternative version such as large print, Braille, tape or help in understanding it in your language, please contact Matt Williams on: 0116 305 7427 or email: matthew.williams@leics.gov.uk

જો આપ આ માહિતી આપની ભાષામાં સમજવામાં થોડી મદદ ઇચ્છતાં હો તો 0116 305 7427 નંબર પર ફોન કરશો અને અમે આપને મદદ કરવા બંધનતા ધરીશું.

ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਸ ਜਾਣਕਾਰੀ ਨੂੰ ਸਮਝਣ ਵਿਚ ਕੁਝ ਮਦਦ ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ 0116 305 7427 ਨੰਬਰ ਤੇ ਫੋਨ ਕਰੋ ਅਤੇ ਅਸੀਂ ਤੁਹਾਡੀ ਮਦਦ ਲਈ ਕਿਸੇ ਦਾ ਪ੍ਰਬੰਧ ਕਰ ਦਵਾਂਗੇ।

এই তথ্য নিজের ভাষায় বুঝার জন্য আপনার যদি কোন সাহায্যের প্রয়োজন হয়, তবে 0116 305 7427 এই নম্বরে ফোন করলে আমরা উপযুক্ত ব্যক্তির ব্যবস্থা করবো।

اگر آپ کو یہ معلومات سمجھنے میں کچھ مدد درکار ہے تو براہ مہربانی اس نمبر پر کال کریں 0116 305 7427 اور ہم آپ کی مدد کے لئے کسی کا انتظام کر دیں گے۔

假如閣下需要幫助，用你的語言去明白這些資訊，請致電 0116 305 7427，我們會安排有關人員為你提供幫助。

Jeżeli potrzebujesz pomocy w zrozumieniu tej informacji w Twoim języku, zadzwoń pod numer 0116 305 7427, a my Ci pomożemy.